2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State
02-04-2000 90047 049 ***150.00

DOCUMENT # P97000000689

1. *Entity Name*

ATRA OCCUPATIONAL AND ENVIRONMENTAL SERVICES, IN

Principal Place of Business	Mailing Address
MAGNOLIA CENTRE I 1203 GOVERNORS SQUARE BLVD.. SIXTH FLOOR TALLAHASSEE FL 32301	MAGNOLIA CENTRE I 1203 GOVERNORS SQUARE BLVD.. SIXTH FLOOR TALLAHASSEE FL 32301-2994

B0013102

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3418627 ☐ Applied For ☐ Not Applicable

5. *Certificate of Status Desired* ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BIST, MICHAEL P 1300 THOMASWOOD DRIVE TALLAHASSEE FL 32312	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** *May Be* Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WERNKE, MICHAEL J		NAME		
STREET ADDRESS	534 MEADOW RIDGE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312		CITY-ST-ZIP		
TITLE	VPSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BUDINSKY, ROBERT A		NAME		
STREET ADDRESS	2665 NOBLE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312		CITY-ST-ZIP		
TITLE	VPTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SCHELL, JOHN D		NAME		
STREET ADDRESS	9247 OAKFAIR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32311		CITY-ST-ZIP		
TITLE	VPTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HARBISON, J. T.		NAME		
STREET ADDRESS	2355 SURF RD		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32346		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LYNCH, ED		NAME		
STREET ADDRESS	1203 GOVERNORS SQ. BLVD- 6TH FLR		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		CITY-ST-ZIP		
TITLE	VPTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BROWN, DENNIS		NAME		
STREET ADDRESS	4501 TAMIAMI TRL N. #200		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34103		CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Jan. 28, 2000 850-309-00[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #