

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000011275

1. Entity Name  
A.T.H. COMPANY

Principal Place of Business  
18658 AYRESHIRE CIRCLE  
PORT CHARLOTTE FL 33948

Mailing Address  
18658 AYRESHIRE CIRCLE  
PORT CHARLOTTE FL 33948

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number 65-0739810

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

Name CRONE, LINCOLN E. II

Street Address (P.O. Box Number is Not Acceptable)

400 83RD AVE. NORTH

City ST. PETERSBURG

FL

33702

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 LINCOLN E. CRONE II

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/13/01

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, 2001 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  
NAME HURD, ALAN T  
STREET ADDRESS 18658 AYRESHIRE CIRCLE  
CITY-ST-ZIP PORT CHARLOTTE FL 33948

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/01

Date

716 498 8785

Daytime Phone #

0537270

CR2E034 (10/00)

FILED  
Sep 13, 2001 8:00 am  
Secretary of State

09-13-2001 90014 021 \*\*\*550.00

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DO NOT WRITE IN THIS SPACE