

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000053604

1. Entity Name
ATLAS STRUCTURAL MOVERS, INC.

Principal Place of Business Mailing Address
PO BOX 3179 PO BOX 3179
SPRING HILL FL 34606 SPRING HILL FL 34606

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 59-3452093 mis print Wang # Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, SMITTY
13151 SPRINGHILL DRIVE
SPRINGHILL FL 34609

7. Name and Address of New Registered Agent

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 

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/01

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

TITLE PD
NAME DANIEL, LAWRENCE D
STREET ADDRESS 14011 IRVING STREET
CITY-ST-ZIP BROOKSVILLE FL 34609 ☐ Delete

TITLE VPD
NAME ROUSH, DAVID C
STREET ADDRESS 26427 ROPER ROAD
CITY-ST-ZIP BROOKSVILLE FL 34602 ☒ Delete

TITLE TD
NAME HANKINS, JOSEPH
STREET ADDRESS 7707 N. 17TH AVE.
CITY-ST-ZIP TAMPA FL 33604 ☐ Delete

TITLE SD
NAME DANIEL, TERRIE L
STREET ADDRESS 14011 IRVING STREET
CITY-ST-ZIP BROOKSVILLE FL 34609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:  LAWRENCE D DANIEL (PD) 4-29-01 352-279-7505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90207 047 ***150.00

A0005204



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)