

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 997000059353

1. Entity Name

A.T.B. Canvas Designs, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 21 AM 9:14

Principal Place of Business

Mailing Address

#9 Ships Way, Big Pine Key, FL 33043

2. Principal Place of Business
Same as Above

3. Mailing Address

P.O. Box 431762

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Big Pine Key, FL

Zip

Country

Zip

Country

33043

Monroe

4. FEI Number

65-0766646

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Robert K. Miller
2975 Overseas Hwy.
Marathon, FL 33050

7. Name and Address of New Registered Agent

Name

John Marek

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

#9 Ships Way

City

Big Pine Key

FL

33043

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

John Marek

8/11/00

DATE

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

☐

10. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: Director ☒ Delete
NAME: Henry R. Parmenter
STREET ADDRESS: P.O. Box 431762
CITY-STATE-ZIP: Big Pine Key, FL 33043

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-STATE-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P/S/D ☐ Change ☒ Addition
NAME: John Marek
STREET ADDRESS: 31011 Hollerlich Drive
CITY-STATE-ZIP: Big Pine Key, FL 33043

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

000003328160-1
-07/19/00--01081--014
*****70.00 *****70.00

LFT 8-25-2000

CR2004 10/00

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Marek

8/11/00

Document Page 6