## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P98000026642 May 09, 2000 8:00 am Secretary of State 1. Entity Name A.T.S INVESTMENTS, INC 05-09-2000 90077 027 \*\*\*150.00 Mailing Address Principal Place of Business 6. 2. Principal Place of Business 3. Mailing Address 6706 N. Suite, Apt. #, etc. 6706 N. MAIN ST. MAIN ST. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number City & State JACKSONVIllE - 3499400 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired DUVAL DUVAL 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Sures H PATEL SURESH B. PATEL Street Address (P.O. Box Number is Not Acceptable) 6706 N. MAIN ST. MAIN ST. JACKSONVILLE FZ 32208 6706 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. SURESA V. Patric X Beneal V. Patric Agent and title if applicable (NOTE: Registered Agent signature réquired when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS PRESIDENT Change ☐ Addition PRES Delete TITLE TITLE SURESH V. PATEL 6706 N. MAIN ST. SURESH B. PATOL NAME NAME STREET ADDRESS STREET ADDRESS JACKSONVILLE FC 32208 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP \_\_\_\_Change \_ Addition □ Delete -TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Delete ☐ Change Addition UTLE NAME STREET ADDRESS Companial MINDERS CITY-ST-ZIP ST-ZIP ☐ Chance ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS ..... ADDRESS CITY-ST-ZIP ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR