

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030518

1. Entity Name

ATC GROUP, INC.

Principal Place of Business

Mailing Address

3201 WELLS BEACH ROAD
NAVARRE FL 32566

P.O. BOX 5150
NAVARRE FL 32566-0150

2. Principal Place of Business

8453 Coastal Breeze Ct.

3. Mailing Address

P.O. 5150

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAVARRE, FL.

City & State

NAVARRE, FL.

Zip

32566

Country

SANTA ROSA

Zip

32566

Country

SANTA ROSA

6. Name and Address of Current Registered Agent

CREW & CREW, P.A.
25 NE BEAL PARKWAY, SUITE 210
FORT WALTON BEACH FL 32548

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PISTONE, JOHN M
3201 WELLS BEACH ROAD
NAVARRE FL 32566

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

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☐ 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: *John Pistone* JOHN M. PISTONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00 (850) 939-3440

Date

Daytime Phone #

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90118 050 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3502259

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required