

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 20, 2000 08:00 AM
Secretary of State****DOCUMENT # P98000042483****1. Entity Name**
ATEK PROFESSIONAL SERVICES, INC.

Principal Place of Business 10885 NW 6TH STREET CORAL SPRINGS FL 33071	Mailing Address 10885 NW 6TH STREET CORAL SPRINGS FL 33071
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2. Principal Place of Business 10885 NW 6TH STREET	3. Mailing Address 10885 NW 6TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CORAL SPRINGS FL	City & State CORAL SPRINGS FL
Zip 33071	Country US

4. FEI Number 65-0837307	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KURSKY KATHARINE J
10885 NW 6TH STREET

CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name
KURSKY KATHARINE J
Street Address (P.O. Box Number is Not Acceptable)
10885 NW 6TH STREET

City
CORAL SPRINGS **FL** **Zip Code**
33071

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)**01/20/2000**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	VD PINSON MISTY S 12577 NW 57 PLACE CORAL SPRINGS FL 33076	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KURSKY KATHARINE J 10885 NW 6TH STREET CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PINSON MISTY S 12577 NW 57 PLACE CORAL SPRINGS FL 33076	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KURSKY KATHARINE J 10885 NW 6TH STREET CORAL SPRINGS FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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** KATHARINE J KURSKY

RD

01/20/2000