

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90180 030 ***150.00

DOCUMENT # P98000059954

1. Entity Name

ATLANTIC INDUSTRIAL SERVICES, INC.



Principal Place of Business

1400 NW 13TH AVENUE
POMPANO BEACH FL 33069

Mailing Address

6600 NW 12TH AVENUE
SUITE 205
FORT LAUDERDALE FL 33309

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0861650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHOTTENFELD, DAVID J ESQ
DAVID J. SCHOTTENFELD, P.A.
7520 NW 5 STREET - SUITE 203
PLANTATION FL 33317

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DV ☐ Delete
NAME LEVITSKY, MICHAEL R
STREET ADDRESS 6600 NW 12TH AVE STE 205
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE VS ☐ Change ☒ Addition
NAME TRINGALI, Michael A
STREET ADDRESS 6600 NW 12 Street STE 205
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE DV ☐ Delete
NAME FEAGLE, JOHN R
STREET ADDRESS 359 CYPRESS RD
CITY-ST-ZIP Ocala FL 34472

TITLE V ☐ Change ☒ Addition
NAME Huber, Dale J
STREET ADDRESS 6600 NW 12 Street STE 205
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE DC ☐ Delete
NAME BETTS, NICHOLAS
STREET ADDRESS 11 BROWN AVENUE
CITY-ST-ZIP DARTMOUTH, NOVA SCOTIA b3-b1x8

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

TITLE DST ☐ Delete
NAME LEVERMAN, PHIL
STREET ADDRESS 11 BROWN AVENUE
CITY-ST-ZIP DARTMOUTH, NOVA SCOTIA b3-b1x8

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

TITLE P ☐ Delete
NAME RYAN, MICHAEL
STREET ADDRESS 11 BROWN AVE
CITY-ST-ZIP DARTMOUTH, NOVA SCOTIA B3-B1-8

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dale J. Huber*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04 (954) 689-3730

Date

Daytime Phone #