

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 07, 2001 08:00 AM****Secretary of State****DOCUMENT # P98000067917**1. Entity Name
ADVANCED TECHNICAL AND EDUCATIONAL CONSULTANTS, INC.

Principal Place of Business

7120 THOMPSON RD.

LANTANA
334623950

FL

Mailing Address

7120 THOMPSON RD.

LANTANA
334623950

FL

2. Principal Place of Business
1200 SOUTH FEDERAL HIGHWAY3. Mailing Address
7120 THOMPSON RD.Suite, Apt. #, etc.
SUITE 305

Suite, Apt. #, etc.

City & State
BOYNTON BEACH

FL

City & State
BOYNTON BEACH

FL

Zip
33435

Country

Zip
33426

Country

4. FEI Number
65-0860570

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

MCCARTT RHONDA
7120 THOMPSON RD.LANTANA
334623950

FL

US

7. Name and Address of New Registered Agent

Name

MCCARTT RHONDA

Street Address (P.O. Box Number is Not Acceptable)
7120 THOMPSON RD.City
BOYNTON BEACH

FL

Zip Code
33426

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 **RHONDA MCCARTT****03/07/2001**

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, 2001 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	D	☒ Delete
NAME	CERESA PAUL	
STREET ADDRESS	8460 MILDRED DR.	
CITY-ST-ZIP	BOYNTON FL 33436	
TITLE	VP	☐ Delete
NAME	JOSEPH GLENN	
STREET ADDRESS	1850 HOMEWOOD BLVD. #101	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	P	☐ Delete
NAME	MCCARTT RHONDA	
STREET ADDRESS	7120 THOMPSON RD.	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	☒ Change ☐ Addition
NAME	MCCARTT RHONDA	
STREET ADDRESS	7120 THOMPSON RD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Rhonda McCartt

P

03/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)