

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078725

1. Entity Name

ATLANTIC INSPECTION SERVICES, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90029 009 ***158.75

Principal Place of Business

22325 SW 66TH AVENUE
SUITE 2403
BOCA RATON FL 33428

Mailing Address

22325 SW 66TH AVENUE
SUITE 2403
BOCA RATON FL 33065-4624

2. Principal Place of Business

8401 W. SAMPLE ROAD

3. Mailing Address

8401 W. SAMPLE ROAD

Suite, Apt. #, etc.

Unit #16

Suite, Apt. #, etc.

Unit #16

City & State

CORAL SPRINGS, FL.

City & State

CORAL SPRINGS, FL.

Zip

Country

33065 USA

Zip

Country

33065 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUTLER, JOHN K
22325 SW 66TH AVENUE
SUITE 2403
BOCA RATON FL 33428

Name

JOHN K. BUTLER

Street Address (P.O. Box Number is Not Acceptable)

8401 W. SAMPLE ROAD

Unit #16

City

CORAL SPRINGS

FL

Zip Code

33065

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.

NO



\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	BUTLER, JOHN K	
STREET ADDRESS	22325 SW 66TH AVENUE, #2403	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, JOHN K.	
STREET ADDRESS	8401 W. SAMPLE ROAD, Unit #16	
CITY-ST-ZIP	CORAL SPRINGS, FL. 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

JOHN K. BUTLER

02-02-2000

(954) 757-1357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)