

**2002 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91518 004 \*\*\*150.00

**DOCUMENT # P98000084337**  
1. Entity Name  
**ATA ELECTRIC COMPANY**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>4610 MILE STRETCH</b> Suite, Apt. #, etc.	3. Mailing Address <b>4610 MILE STRETCH</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>HOLIDAY, FL</b>	City & State <b>HOLIDAY, FL</b>	4. FEI Number <b>59-3539002</b>	Applied For Not Applicable
Zip <b>34690-4310</b>	Country <b>USA</b>	Zip <b>34690-4310</b>	Country <b>USA</b>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <b>KALLIVROUS, TONY</b>
Street Address (P.O. Box Number is Not Acceptable) <b>4610 MILE STRETCH</b>
City <b>HOLIDAY</b>
State <b>FL</b>
Zip Code <b>34690-4310</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NO IL: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP KALLIVROUS, TONY 4610 MILE STRETCH HOLIDAY, FL 34690-4310</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** TONY KALLIVROUS *Tony Kallivrous* **PRESIDENT** **727-938-7224**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #