## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P99000027067 May 11, 2000 8:00 am Secretary of State 1. Entity Name ATLAS STRUCTURAL, INC. 04-03-2000 90173 033 \*\*\*150.00 Principal Place of Business Mailing Address 1300 N. NOVA ROAD 1300 N. NOVA ROAD DAYTONA BEACH FL 32117 DAYTONA BEACH FL 32117-4001 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3565445 City & State City & State Applied For Not Applicable Zìp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLYTHE, MARK S Street Address (P.O. Box Number is Not Acceptable) 1300 N. NOVA ROAD DAYTONA BEACH FL 32117 City 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. SIGNATURE Signature, typed or printed name of registered agant and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 Change ☐ Addition ☐ Delete TITLE V/D CR2E034 (9/99 TITLE BLYTHE, JAMES T NAME NAME James T. Blythe STREET ADDRESS 1300 N. NOVA ROAD STREET ADDRESS 1300 N. Nova Road Daytona Beach, FL CITY-ST-ZIP 32117 CITY-ST-ZIP DAYTONA BEACH FL 32117 ☐ Addition P/D X Change ☐ Delete TITLE Mark S. Blythe BLYTHE, MARK S NAME NAME 1300 N. Nova Road STREET ADDRESS STREET ADDRESS 1300 N. NOVA ROAD 32117 CITY-ST-ZIP Daytona Beach, FL CITY-ST-ZIF DAYTONA BEACH FL 32117 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

Mark-Blythe

3/24/00

(904) 255-6471

Date

Daytime Phone #