## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Feb 21, 2001 8:00 am Secretary of State DOCUMENT # P99000046219 ATLAS-LOX ROAD, INC. 02-21-2001 90063 021 \*\*\*150.00 Principal Place of Business Mailing Address 2075 N POWERLINE RD 2075 N POWERLINE RD STE 1 719730 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0929393 Not Applicable Zip Country Ζiρ 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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE E Suete CASAGRANDE, JACK NAME NAME 2075 N POWERLINE RD STREET ADDRESS. STREET ADDRESS CITY-ST-7IP POMPANO BEACH FL 33069 CITY-ST-ZIP TITLE ☐ Defete Change rres idel NAME NAME POWER live Rd STE1 STREET ADDRESS STREET ADDRESS Pompano BEACH, FL. 33069-CITY-ST-ZIP CITY-ST-ZIP TITLE Ωelete TITLE NAME N. Powerline Rd , STE1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Pompano Beach, RL 33069 ☐ Change Addition ☐ Delete TITLE ECLETARY michael MARZAND NAME NAME 2015 NOWER INERD, STE 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information indicated on this report or supplementary kemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am an officer or director level by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receive changed, or on an attachment SIGNATURE: Date Daytime Phone #