

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90130 045 ***150.00

DOCUMENT # P99000046219

1. Entity Name

ATLAS-LOX ROAD, INC.

Principal Place of Business

2075 N POWERLINE RD
 STE 1
 POMPANO BEACH FL 33069

Mailing Address

2075 N POWERLINE RD
 STE 1
 POMPANO BEACH FL 33069

2. Principal Place of Business

1191 E. Newport Ctr Dr.

Suite, Apt. #, etc.

Suite 103

City & State

Deerfield Beach, FL

Zip

33442

Country

USA

3. Mailing Address

1191 E. Newport Ctr Dr.

Suite, Apt. #, etc.

Suite 103

City & State

Deerfield Beach, FL

Zip

33442

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0929393

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

CT Corporation System

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

1200 So. Pine Island Road

City

Plantation, FL

FL

Zip Code

33324

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.

PETER F. SOUZA
ASSISTANT SECRETARY

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/02

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, 2002 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 ☐ Delete
 NAME D
 STREET ADDRESS CASAGRANDE, JACK
 CITY-ST-ZIP 2075 N POWERLINE RD
 POMPANO BEACH FL 33069

TITLE ☐ Delete
 NAME P
 STREET ADDRESS MARZANO, ANGELO
 CITY-ST-ZIP 2075 N POWER LINE RD. STE. 1
 POMPANO BEACH FL 33069

TITLE ☐ Delete
 NAME VP
 STREET ADDRESS MARZANO, DOMINICK JR.
 CITY-ST-ZIP 2075 N. POWER LINE RD. STE. 1
 POMPANO BEACH FL 33069

TITLE ☐ Delete
 NAME S
 STREET ADDRESS MARZANO, MICHAEL
 CITY-ST-ZIP 2075 N. POWER LINE RD. STE 1
 POMPANO BEACH FL 33069

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 1191 E. NEWPORT CTR DR. STE 103
 CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS SAME AS ABOVE
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS SAME AS ABOVE
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS SAME AS ABOVE
 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 name and address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael Marzano 4/24/02 1994939800

CR2E034 (9/01)