

2000 UNIFORM BUSINESS REPORT (UBR)

10FZ

0123975

DOCUMENT # P99000053093

1. Entity Name

ATLANTIC SWEEPING SERVICES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL -17 PM 3:18

Principal Place of Business

2372 EAST ORANGE HILL AVENUE
PALM HARBOR FL 34683

Mailing Address

2372 EAST ORANGE HILL AVENUE
PALM HARBOR FL 34683

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2934257

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROZIK, JOHN L
2372 EAST ORANGE HILL AVENUE
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name

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

900004475649--3

City

07/15/01 01005-009
****150.00 FL ****150.00

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

6/20/01

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 | D | <input type="checkbox"/> Delete |
| NAME | ROZIK, JOHN L | |
| STREET ADDRESS | 2372 EAST ORANGE HILL AVENUE | |
| CITY-ST-ZIP | PALM HARBOR FL 34683 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ROZIK, DIEDRE M | |
| STREET ADDRESS | 2372 EAST ORANGE HILL AVENUE | |
| CITY-ST-ZIP | PALM HARBOR FL 34683 | |
| 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 | | <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 | | |
| 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:

DIEDRE M. ROZIK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

727-787-0623

Daytime Phone #

CR2E034 (5/00)

2 of 2

Atlantic Sweeping Service, Inc.

July 2, 2001

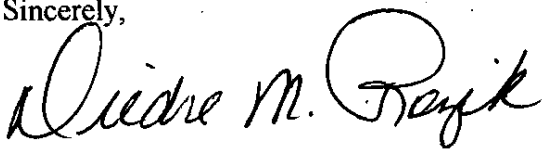
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314
Attn: Sean Toner

Re: May 2000 correspondence

Accept this letter as per your request in the letter dated June 28, 2001. This letter is verification that our company has no record of receiving the documentation needed for the May 2000 report.

Included in this letter is the fee for the 2001 reports. Thank you in advance for all your cooperation with this situation. Should you need further assistance or have any questions feel free to contact myself, or my assistant Laura Klingensmith at (727) 787-0623.

Sincerely,



Diedre Rozik
Secretary/Treasurer