FILED
Jun 02, 2000 8:00 am
Secretary of State
06-02-2000 90004 041 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065748

1. Entity Name

ATEC Training Corp. ✓

Principal Place of Business	Mailing Address
540 Carillon Parkway Unit 3101 St. Petersburg, FL 33716	540 Carillon Parkway Unit 3101 St. Petersburg, FL 33716

741125

2. Principal Place of Business	3. Mailing Address
2618 W. Grand Reserve Cr.	2618 W. Grand Reserve Cr.
Suite, Apt. #, etc.: Suite 610	Suite, Apt. #, etc.: Suite 610
City & State: Clearwater, FL	City & State: Clearwater, FL
Zip: 33759 Country: US	Zip: 33759 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3588564 ☐ Applied F ☐ Not Appl

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Spiegel & Utrera, P.A.
343 Almeria Avenue
Coral Gables, FL 33134

7. Name and Address of New Registered Agent

Name

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

City FL 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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

[redacted]

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President	☐ Delete
NAME	James E. Rice	
STREET ADDRESS	2618 W. Grand Reserve Cr.	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	Vice President	☐ Delete
NAME	Stephen M. LaGree	
STREET ADDRESS	2618 W. Grand Reserve Cr.	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add

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: Steve LaGree 4-27-00 (727) 796-9794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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