

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90070 044 ***150.00

DOCUMENT # P99000066276

1. Entity Name

ATLAS CONSTRUCTION CO.

Principal Place of Business

Mailing Address

**PRIVATE MAILBOX 161610
 ALTAMONTE SPRINGS FL 32716-1610**

**PRIVATE MAILBOX 161610
 ALTAMONTE SPRINGS FL 32716**

713707

2. Principal Place of Business

340 N. Maitland Avenue

3. Mailing Address

340 N. Maitland Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

Suite 100

City & State

City & State

Maitland, FL

Maitland, FL

Zip

Country

Zip

Country

32751

Orange

32751

Orange



DO NOT WRITE IN THIS SPACE

4. FEI Number

59 3589125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

Name

AL H. DESAI

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

5401 S KIRKMAN RD STE 505

City

ORLANDO

FL

Zip Code
32819

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/16/2000

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | GOODWIN, ROBERT III | |
| STREET ADDRESS | PRIVATE MAILBOX 161610 | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32716-1610 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | HICKS, MICHAEL W | |
| STREET ADDRESS | PRIVATE MAILBOX 161610 | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32716-1610 | |
| TITLE | VSTD | <input type="checkbox"/> Delete |
| NAME | GOODWIN, VIOLA E | |
| STREET ADDRESS | PRIVATE MAILBOX 161610 | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32716-1610 | |
| 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 | | |

| | | | |
|----------------|-----------------------------------|---------|--|
| TITLE | P/D | Address | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOODWIN, ROBERT III | | |
| STREET ADDRESS | 340 N. Maitland Avenue, Suite 100 | | |
| CITY-ST-ZIP | Maitland, FL 32751 | | |
| TITLE | V/D/S/T | Address | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOODWIN, VIOLA E | | |
| STREET ADDRESS | 340 N. Maitland Avenue, Suite 100 | | |
| CITY-ST-ZIP | Maitland, FL 32751 | | |
| 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2000 (407) 772-215

Date

Daytime Phone #