## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P99000080730 **DOCUMENT #**

1. Entity Name

ATLAS ENGINEERING, INCORPORATED



## **FILED** Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90102 047 \*\*\*150.00

				Se WE TREE						
Principal Place of Business 16108 1ST STREET EAST REDINGTON BEACH FL 33708			Mailing Address 16108 1ST STREET EAST REDINGTON BEACH FL 33708							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number 59-3599167			oplied For	
Zip Çountry		Zip Country		untry	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name	and Address of Current	Registered Agen	ıt		7. Na	ame and Address of New F	Registered A	gent		
		=_		Name	===					
MATHER, PAMELA M. 16108 1ST STREET EAST					Street Address (P.O. Box Number is Not Acceptable)					
REDINGTON BEACH FL 33708							FI	Žip Cod	e	
		=====								
ons of regist	ered agent.		······································	-			Orida. I am ta	amilar with,	and accept	
Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE: negisi	ereo Agent signature redu	med when len	istating)	DAIL			
May 1, 200	3 Fee will be \$550.00	f State							00 May Be d to Fees	
	OFFICERS AND	DIRECTORS	1	1.	ADD	DITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11	
16108 1S7	STREET EAST		N.	AME Treet address				☐ Change	☐ Addition	
REDITION	N BE WITE GOISE		N S	AME TREET ADDRESS			, , <b>, ,</b> , , , , , , , , , , , , , , ,	Change	☐ Addition	
v			N S	AME TREET ADDRESS				Change Change	Addition	
			, N S	AME Treet Address				☐ Change	Addition	
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· · ·			. N . S . C	TREET ADDRESS				Change	Addition	
	6. Name 6. Name 7AMELA M STREET E N BEACH named entit ons of regist May 1, 200 Payable to PAMETER, 16108 1S1 REDINGTO	Country  6. Name and Address of Current  AMELA M.  STREET EAST N BEACH FL 33708  named entity submits this statement for one of registered agent.  Signature, typed or printed name of registered agent  LE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Payable to Florida Department of OFFICERS AND  P MATHER, PAMELA M 16108 1ST STREET EAST REDINGTON BEACH FL 33708	ACH FL 33708  REDINGTON B  ace of Business  3. Mailing Add  #, etc.  City & State  Country  Zip  6. Name and Address of Current Registered Agen  PAMELA M.  STREET EAST  N BEACH FL 33708  The purpose of cons of registered agent and title if applicable.  LE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Payable to Florida Department of State  OFFICERS AND DIRECTORS  P  MATHER, PAMELA M  16108 1ST STREET EAST  REDINGTON BEACH FL 33708	16108 1ST STREET EAST REDINGTON BEACH FL 33708  ace of Business  3. Mailing Address  #, etc.  City & State  Country  Zip  Co  6. Name and Address of Current Registered Agent  PAMELA M.  STREET EAST N BEACH FL 33708  named entity submits this statement for the purpose of changing its regist ons of registered agent.  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Regist ENOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Payable to Florida Department of State  OFFICERS AND DIRECTORS  P MATHER, PAMELA M 16108 1ST STREET EAST REDINGTON BEACH FL 33708  Delete  Delete  T N S C C Delete  T Delete	16:08 1ST STREET EAST REDINGTON BEACH FL 33708  3. Mailing Address #, etc.  Suite, Apt. #, etc.  City & State  Country  Tip  Country  City & State  Country  Street Address  City  Street Address  City  Amenand Address of Current Registered Agent  Name  PAMELA M.  STREET EAST N BEACH FL 33708  City  named entity submits this statement for the purpose of changing its registered office or registons of registered agent.  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent eignahare required agent and title if applicable.  (NOTE: Registered Agent eignahare required agent and title if applicable.  ITHE 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 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 TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete STREET ADDRESS CITY-ST-ZIP  Delete STREET ADDRESS CITY-ST-ZIP	STREET AND   STREET AND DIRECTORS   STREET ADDRESS   TILE	1610 IST STREET EAST REDINGTON BEACH FL 33708  ace of Business  3. Mailing Address  F. etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Street Address (P.O. Box Number is Not Acceptable  Name  AMELA M.  STREET EAST N BEACH FL 33708  Street Address (P.O. Box Number is Not Acceptable  City  City  In a country  City  In a country  City  In a country  AMELA M.  STREET EAST N BEACH FL 33708  City  In a country  In a country  AMELA M.  Street Address (P.O. Box Number is Not Acceptable  City  In a country  City  In a country  In a country  AMELA M.  Street Address (P.O. Box Number is Not Acceptable  City  In a country  In a	THE EAST REDINGTON BEACH FL 33708  ace of Business  3. Mailing Address  4. FEI Number S9-3599167  Cury Stato  City & Stato  City & Stato  Current Registered Agent  Country  5. Certricate of Status Desired  AMELA M. STREET EAST  N BEACH FL 33708  City STREET EAST  N BEACH FL 33708  City STREET EAST  N BEACH FL 33708  City FL  The purpose of changing its registered Agent on of registered agent, or both, in the State of Florida. I am far one of registered agent.  Street Address (P.O. Box Number is Not Acceptable)  City FL  The purpose of registered agent, or both, in the State of Florida. I am far one of registered agent.  Super. Now!!! FEE IS \$1500  May 1, 2003 Fee will be \$550.00  May	THE FAST FOR THE STORE RECHEST REDINGTON BEACH FL 33708  ace of Business 3. Mailing Address F. etc.   CHECK HERRE IF MAKING CHANGES F. etc.   A FEI Number 59-3599167   A A FEI Number	

I nereby certify that the information supplied with this filing does not quality 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 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

ZURED

SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOR