

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

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**

02-06-2002 90035 021 \*\*\*150.00

DOCUMENT # P99000097750

1. Entity Name

A.T.N. COVEL, INC.

**DO NOT WRITE IN THIS SPACE**

80018080

2. Principal Place of Business

7500 49th ST. N.

Suite, Apt. #, etc.

3. Mailing Address

7500 49th ST N.

Suite, Apt. #, etc.

City & State

PINELLAS PARK FL.

Zip

33781

Country

PINELLAS

City & State

PINELLAS PARK FL.

Zip

33781

Country

PINELLAS

4. FEI Number

59-3608274

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

TRACIE L. SEAMAN

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

6495 107th TERRACE

City

PINELLAS PARK

FL

Zip Code

33782

**DO NOT WRITE  
IN THIS SPACE**

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 TRACIE L. SEAMAN

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

Tracie L. Seaman

(NOTE: Registered Agent signature required when reinstating)

1-14-2002

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD EDWARD J. COVEL 12143 73RD ST LARGO, FL 33773	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TRACIE L. SEAMAN 6495 107th TER PINELLAS PARK FL 33782	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVID L. SEAMAN 6495 107th TER PINELLAS PARK FL 33782	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-2002

Date

(727)

545-5521

Daytime Phone #

CR2E034B (12/01)