

2000 UNIFORM BUSINESS REPORT (UBR)

4

FILED

May 19, 2000 8:00 am
Secretary of State

04-27-2000 90038 014 ***150.00

DOCUMENT # P99000106835

1. Entity Name

A.T.D. POWER SWEEPING, INC.

Principal Place of Business

Mailing Address

C/O CAROL MCATEE
5156 CENTRAL AVENUE
ST PETERSBURG FL 33707

C/O CAROL MCATEE
5156 CENTRAL AVENUE
ST PETERSBURG FL 33707

2. Principal Place of Business
8221 23rd Ave N

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Petersburg, FL

City & State

4. FEI Number

52-2210850

Applied For

Not Applicable

Zip
33710

Country
Pinellas

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCATEE, CAROL
5156 CENTRAL AVENUE
ST PETERSBURG FL 33707

Name

Page Thomson

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

8221 23rd Ave N

City

St Petersburg

FL

Zip Code

33710

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

Page Thomson - President

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)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Page Thomson
8221 23rd Ave N
St Petersburg, FL 33710 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-20-2000 727-381-8234
6-22-788-6699 (M)