

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106835

1. Entity Name  
A.T.D. POWER SWEEPING, INC.

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90119 011 \*\*\*150.00

Principal Place of Business  
C/O CAROL MCATEE - PACIFIC THOMSON  
8221 23 AVENUE NORTH  
SAINT PETERSBURG FL 33710

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

8221

00044921



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

8221 23 Ave N

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33710

Country

4. FEI Number 52-2210850

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMSON, PAGE  
8221 23 AVENUE NORTH  
SAINT PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name  
Page Thomson

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

8221 23 Ave N

City

St. Petersburg

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

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, 2001 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  
P  
THOMSON, PAGE  
8221 23 AVENUE NORTH  
SAINT PETERSBURG FL 33710 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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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

Daytime Phone #

4-25-01 727-319-2973

CR2E034 (10/00)