

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000000621

**Entity Name:** ATLAS INNOVATIVE SERVICES, INC.**Current Principal Place of Business:**16180 FOREST GLEN CT.  
PUNTA GORDA, FL 33982**Current Mailing Address:**16180 FOREST GLEN CT.  
PUNTA GORDA, FL 33982 US**FEI Number: 76-0605511****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | DIR                   |
| Name            | TRIPP, THOMAS H       |
| Address         | 16180 FOREST GLEN CT. |
| City-State-Zip: | PUNTA GORDA FL 33982  |

|                 |                   |
|-----------------|-------------------|
| Title           | DIR               |
| Name            | LUDWIG, MARK      |
| Address         | 242 WASHINGTON ST |
| City-State-Zip: | PEMBROKE MA 02359 |

|                 |                       |
|-----------------|-----------------------|
| Title           | P                     |
| Name            | TRIPP, THOMAS H       |
| Address         | 16180 FOREST GLEN CT. |
| City-State-Zip: | PUNTA GORDA FL 33982  |

|                 |                   |
|-----------------|-------------------|
| Title           | VP                |
| Name            | LUDWIG, MARK      |
| Address         | 242 WASHINGTON ST |
| City-State-Zip: | PEMBROKE MA 02359 |

|                 |                       |
|-----------------|-----------------------|
| Title           | SEC                   |
| Name            | TRIPP, THOMAS H       |
| Address         | 16180 FOREST GLEN CT. |
| City-State-Zip: | PUNTA GORDA FL 33982  |

|                 |                       |
|-----------------|-----------------------|
| Title           | TREASURER             |
| Name            | TRIPP, THOMAS H       |
| Address         | 16180 FOREST GLEN CT. |
| City-State-Zip: | PUNTA GORDA FL 33982  |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: THOMAS H. TRIPP****PRESIDENT****02/15/2022**

Electronic Signature of Signing Officer/Director Detail

Date