

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90025 010 ***168.75

0622842 AT

DOCUMENT # P34515

1. Entity Name
O'BRIEN/ATKINS ASSOCIATES, P.A.



Principal Place of Business
**P.O. BOX 12037
RESEARCH TRIANGLE PARK NC 27709**

Mailing Address
**P.O. BOX 12037
RESEARCH TRIANGLE PARK NC 27709**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **56-1215013**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	O'BRIEN, WILLIAM L.	
STREET ADDRESS	5001 S. MIAMI BLVD.	
CITY-ST-ZIP	DURHAM NC 27703	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ATKINS, JOHN L.	
STREET ADDRESS	5001 S. MIAMI BLVD.	
CITY-ST-ZIP	DURHAM NC 27703	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ATKINSON, C. BELTON	
STREET ADDRESS	5001 S. MIAMI BLVD.	
CITY-ST-ZIP	DURHAM NC 27703	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MASON, JAMES W.	
STREET ADDRESS	5001 S. MIAMI BLVD.	
CITY-ST-ZIP	DURHAM NC 27703	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LACY, DUDLEY B	
STREET ADDRESS	5001 S. MIAMI BLVD	
CITY-ST-ZIP	DURHAM NC 27703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **JOHN L. ATKINS III** 2.26.03 919.941.9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)