

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 162762

1. Entity Name

ATLAS GROVES INCORPORATED

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90126 035 ***158.75

Principal Place of Business

2920 CENTRAL GROVE RD
DAVENPORT FL 33837

Mailing Address

2920 CENTRAL GROVE RD
DAVENPORT FL 33837-5900
US

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

59-6081898

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARTER, S. J.
2936 WALLCRAFT AVENUE
TAMPA FL 33611

7. Name and Address of New Registered Agent

Name **JOHN L. HICKMAN**

Street Address (P.O. Box Number is Not Acceptable)
2920 CENTRAL GROVE RD.

City **DAVENPORT,**

FL

Zip Code **33837-5900**

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

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 **PTD** ☐ Delete
NAME **HICKMAN, AUDREY M.**
STREET ADDRESS **109 FLORA DRIVE**
CITY-ST-ZIP **HAINES CITY FL**

TITLE **VP** ☐ Delete
NAME **HICKMAN, JOHN L**
STREET ADDRESS **2920 CENTRAL GROVE RD**
CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE **SEC** ☐ Delete
NAME **HICKMAN, ALICE E**
STREET ADDRESS **2920 CENTRAL GROVE RD**
CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **VP/TREASURER** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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:

ALICE E. HICKMAN, SECRETARY
ALICE E. HICKMAN, SEC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-2000 (863) 424-0189

Date

Daytime Phone #

CR2E034 (9/99)