

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 220260

1. Entity Name
ATLAS INCORPORATED GENERAL CONTRACTORS

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90035 046 ***550.00

Principal Place of Business
10023 BEACH BOULEVARD
JACKSONVILLE FLA 32216-4707

Mailing Address
10023 BEACH BOULEVARD
JACKSONVILLE FLA 32216-4707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 89-0869249

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIRVAN, WILDA
10023 BEACH BLVD
JACKSONVILLE FL 32216

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME FELDER, HARI-ANNE
STREET ADDRESS 11079 BLUE ROAN COURT
CITY-ST-ZIP JAX, FL 00000 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 125 5th Avenue South
CITY-ST-ZIP Jacksonville Beach, FL 32250

TITLE TD
NAME GIRVAN, WILDA
STREET ADDRESS 7748 LAS PALMAS WAY
CITY-ST-ZIP JAX, FL 00000 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 275 1st Street South, Unit 102
CITY-ST-ZIP Jacksonville Beach, FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

7/19/00 904/641-3844
Date Daytime Phone #

CR2E034 (5/00)