

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 261287

1. Entity Name

RMA-JPA TECHNICAL INCORPORATED

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90420 050 ***150.00

Principal Place of Business

Mailing Address

3417 SW 42ND WAY
GAINESVILLE FL 32608
US

3417 SW 42 WAY
GAINESVILLE FL 32608
US

2. Principal Place of Business

3401 SW 40 Blvd

3. Mailing Address

3401 SW 40 Blvd

Suite, Apt. #, etc.

Suite 150

Suite, Apt. #, etc.

Suite 150

City & State

Gainesville FL

City & State

Gainesville FL

Zip

32608

Country

Alachua

Zip

32608

Country

Alachua

4. FEI Number

34-0840662

Applied For

Not Applicable

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

ROBERT M. ATKINS
3417 SW 42ND WAY
GAINESVILLE FL 32608

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	P ATKINS, ROBERT M	<input type="checkbox"/> Delete
STREET ADDRESS	3401 SW 40TH BLVD.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE NAME	D ATKINS, PATRICIA C.	<input type="checkbox"/> Delete
STREET ADDRESS	3401 SW 40TH BLVD.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE NAME	D ATKINS, JOHN P.	<input type="checkbox"/> Delete
STREET ADDRESS	3401 SW 40TH BLVD.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3401 SW 40 Blvd, Suite 150
CITY-ST-ZIP	Gainesville FL 32608
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3401 SW 40 Blvd, Suite 150
CITY-ST-ZIP	Gainesville FL 32608
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3401 SW 40 Blvd, Suite 230
CITY-ST-ZIP	Gainesville FL 32608
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Robert M. Atkins

Robert M. Atkins

04/24/01

352-335-5161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)