

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 431538

1. Entity Name

ATKINS REALTY INCORPORATED

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90061 039 \*\*\*150.00

040012



DO NOT WRITE IN THIS SPACE

Principal Place of Business 11516 SNA JOSE BLVD SUITE #1 JACKSONVILLE FL 32223	Mailing Address 11516 SNA JOSE BLVD SUITE #1 JACKSONVILLE FL 32223-7920
2. Principal Place of Business 11516 San Jose Blvd Suite, Apt. #, etc.	3. Mailing Address 11516 San Jose Blvd Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-1478185	Applied For Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ATKINS, ROBERT L 11516 SNA JOSE BLVD SUITE #1 JACKSONVILLE FL 32223	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11516 San Jose Blvd City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ATKINS, PAMELA T. 1482 BIRMINGHAM RD. JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD ATKINS, ROBERT L. 1482 BIRMINGHAM RD. JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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: Robert L. Atkins **SIGNATURE REQUIRED** 3/04/2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)