

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90326 028 ***150.00

DOCUMENT # 845732

1. Entity Name

Attenta, Inc.

67

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 2408

Suite, Apt. #, etc.

3. Mailing Address

2211 7th Avenue South

Suite, Apt. #, etc.

P.O. Box 10265

DO NOT WRITE IN THIS SPACE

City & State

Birmingham, AL

City & State

Birmingham, AL 35202

4. FEI Number

63-0873855

Applied For

Not Applicable

Zip **35201**

Country

Zip **35202**

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

C T Cororation System

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

1200 S. Pine Island Road

City

Plantation

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement in 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

President/ Treasurer/ Director

Kevin J. McCormick

P.O. Box 2408

Birmingham, AL 35201

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Vice President/Secretary/Director

Michael L. Pritchett

P.O. Box 2408

Birmingham, AL 35201

TITLE
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CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)