

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A93000001104**

1. Entity Name

ATKINS COMMERCE CENTER, LTD.

Principal Place of Business

**ATKINS COMMERCE CENTER
3417 S.W. 42ND WAY
GAINESVILLE FL 32608**

Mailing Address

**ATKINS COMMERCE CENTER
3417 S.W. 42ND WAY
GAINESVILLE FL 32608**

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

FILED
01 APR 26 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3207767

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ATKINS, ROBERT M
3417 S.W. 42ND WAY
GAINESVILLE FL 32608**

7. Name and Address of New Registered Agent

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. Capital Contributions
as Shown on record.

\$1,300,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**ATKINS, ROBERT M
3417 S.W. 42ND WAY
GAINESVILLE FL 32608**

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
**3401 SW 40 Boulevard, Suite 150
Gainesville FL 32608**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

**800004191908-7
05/03/01-01134-011
****535.00 ****535.00**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Robert M. Atkins April 24, 2001 352-335-5161

Date

Daytime Phone #

CR2E003 (11/00)