2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F59785 Apr 21, 2000 8:00 am Secretary of State WILLIAM M. ATKINSON, JR., P.A. 04-21-2000 90052 018 ***150.00 Principal Place of Business Mailing Address 502 HARMON AVENUE % WILLIAM M. ATKINSON, JR. 502 HARMON AVE PANAMA CITY FL 32401 PANAMA CITY FL 32401-3044 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2150437 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ATKINSON, WILLIAM M., JR. Street Address (P.O. Box Number is Not Acceptable) **502 HARMON AVE** PANAMA CITY FL 32401 Zip Code FL 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) 10. Election Campaign Financing . 9. This corporation is eligible to satisfy its intangible .. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 ' Trust Fund Contribution. Added to Fees (See criteria on back) ---Make Check Payable to Department of State · . OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. .11: ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME ATKINSON, WILLIAM M. STREET ADDRESS STREET ADDRESS **502 HARMON AVE** CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 without an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/13/00

850-763-5368

☐ Addition

Daytime Phone #

☐ Change