

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90050 045 ***150.00

DOCUMENT # F97000002796

1. Entity Name

ATKINSON/DYER/WATSON ARCHITECTS, P.A.

Principal Place of Business

Mailing Address

1401 W MOREHEAD ST
 SUITE 100
 CHARLOTTE NC 28205
 US

1401 W MOREHEAD ST
 SUITE 100
 CHARLOTTE NC 28208-5217
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-1290297

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JOHNSON, ROBERT E -
 1515 E. SILVER SPRINGS BLVD
 OCALA FL 34470

Name **ARTHUR RADICE**

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

714 S.E. 22ND AVENUE

City **OCALA**

FL

Zip Code **34471**

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

Arthur Radice

3/20/00

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, 2000 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 Delete
 NAME **PTD DYER, MICHAEL L**
 STREET ADDRESS **609 BENNINGTON FL.**
 CITY-ST-ZIP **CHARLOTTE NC 28211**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VS ATKINSON, RICHARD E**
 STREET ADDRESS **1401 W MOREHEAD ST SUITE 100**
 CITY-ST-ZIP **CHARLOTTE NC 28208**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D WATSON, JOHN W**
 STREET ADDRESS **3035 SHAKER DRIVE**
 CITY-ST-ZIP **CHARLOTTE NC**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL L. DYER

3/29/00

Date

704/379-1919

Daytime Phone #

CR2E034 (9/99)