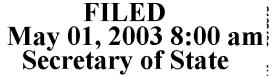
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) G26756 **DOCUMENT #**



1. Entity Name WILLIAM E. ATKINS ASSOCIATES, INC.								05-01-2003	91003 01	1 ***150	0.00	
Principal Place of Business 751 SW 49 TERR. MARGATE FL 33068			Mailing Address 751 SW 49 TERR. MARGATE FL 33068									
2. Principal Place of Business			3. Mailing Address					! 1881:11 8810 11818 8 3111 18861 83111				
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. F	El Number 59-2269932	Applied For Not Applicable			7	
Zip Country		Zip	Zip Cour		itry	5. (5. Certificate of Status Desired		S8.75 Additional Fee Required		1	
•	6. Name	and Address of Curre	nt Registere	d Agent			7. N	7. Name and Address of New Registered Agent				
_						Name						
HOFFMEII 4850 NOF		road 7, suite i					ress (P.O. B	ox Number is Not Acceptable)				
ft. Laudi	erdale fl	33319										
						City			FL	Zip Code	e	
	tions of regist	ered agent.			register	ed office or reg	gistered age	ent, or both, in the State of Flor	ida. I am fa	miliar with,	and accept	
Oldivitions.	Signature, typed	or printed name of registered age	nt and title if appli	icable. (NOT	E: Registere	d Agent signature re	equired when re	instating)	DATE			
ે Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 5 Florida Department						9. Election Campaign Fina Trust Fund Contribution			0 May Be I to Fees]
10:7		OFFICERS AN	D DIRECTOR	RS	11.		AD	DITIONS/CHANGES TO OFFI	CERS AND (DIRECTOR	S IN 11	1.
TITLE NAME STREET ADDRESS CITY-ST-ZIP*	DP ATKINS, W 751 SW 49 MARGATE	oth terr		☐ Delete						Change	☐ Addition	00,07,700
TITLE NAME STREET ADDRESS CITY- ST-ZIP	VP ATKINS, J 751 SW 49 MARGATE		, , ,	☐ Delete					_	☐ Change	Addition	0
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	NAM STRE	E E ET ADORESS -ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	1				[Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete					[Change	☐ Addition	

12. 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 10 or Block 11 if

SIGNING OFFICER OR DIRECTOR

972-0720