

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G94267**

1. Entity Name

R.B. ATKINS ENTERPRISES, INC.**FILED**
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90001 044 ***150.00

00001107



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

% ROBERT B. ATKINS, JR.
2700 WESTHALL LANE
MAITLAND FL 32751% ROBERT B. ATKINS, JR.
2700 WESTHALL LANE
MAITLAND FL 32751-7203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2388777

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

ATKINS, ROBERT B., JR.
2700 WESTHALL LANE
MAITLAND FL 32751

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. 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 State10. 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 DP ☒ Delete
NAME ATKINS, ROBERT B., SR.
STREET ADDRESS 2700 WESTHALL LANE
CITY-ST-ZIP MAITLAND FLTITLE SECRETARY ☐ Change ☒ Addition
NAME BRENDA L. Atkins
STREET ADDRESS 2700 WESTHALL LANE #140
CITY-ST-ZIP MAITLAND, FL 32751TITLE OVP PRESIDENT ☐ Delete
NAME ATKINS, ROBERT B., JR.
STREET ADDRESS 2700 WESTHALL LANE
CITY-ST-ZIP MAITLAND FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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 all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)