

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90148 012 ***150.00

DOCUMENT # H93814

1. Entity Name
ATKINS MORTGAGE CORPORATION ✓

Principal Place of Business Mailing Address
1900 SOUTH HARBOR CITY BLVD 1900 So. HARBOR CITY BLVD
SUITE 328 SUITE 328
MELBOURNE, FL 32901 MELBOURNE, FL 32901
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-2637442 Applied For Not Applicable

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, LILLIAN L.
106 ESTRELLA RD.
MELBOURNE BEACH, FL 32951

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	ATKINS, LILLIAN	106 ESTRELLA RD	MELBOURNE BEACH, FL 32951				
D	ATKINS, SAML	106 ESTRELLA RD	MELBOURNE BEACH, FL 32951				
D	SAMUELS, BARBARA	106 ESTRELLA RD	MELBOURNE BEACH, FL 32951				

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 another like empowered.

SIGNATURE: **LILLIAN ATKINS** 3-27-01 321-676-7717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00041639

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)