

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90035 040 ***150.00

DOCUMENT # H93814

1. Entity Name

ATKINS MORTGAGE CORPORATION

Principal Place of Business

1900 SOUTH HARBOR CITY BLVD.
 STE 328
 MELBOURNE FL 32901
 US

Mailing Address

1900 SOUTH HARBOR CITY BLVD.
 SUITE 105
 MELBOURNE FL 32901
 US

2. Principal Place of Business

221 LONDONDERRY DR

Suite, Apt. #, etc.

3. Mailing Address

221 LONDONDERRY DR

Suite, Apt. #, etc.

City & State

SARASOTA FL

Zip
 34240

Country

USA

City & State

SARASOTA FL

Zip
 34240

Country

USA

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

ATKINS, LILLIAN, L

106 ESTRELLA RD

MELBOURNE BEACH FL 32951

7. Name and Address of New Registered Agent

Name

LILLIAN ATKINS

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

221 LONDONDERRY DR

City

SARASOTA

FL

Zip Code

34240

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 LILLIAN L ATKINS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-3-02

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, 2002 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

TITLE PD
 NAME ATKINS, LILLIAN
 STREET ADDRESS 106 ESTRELLA RD.
 CITY-ST-ZIP MELBOURNE BCH. FL ☐ Delete

TITLE D
 NAME ATKINS, SOL
 STREET ADDRESS 106 ESTRELLA RD.
 CITY-ST-ZIP MELBOURNE BCH. FL ☐ Delete

TITLE D
 NAME SAMUELS, BARBARA J
 STREET ADDRESS 106 ESTRELLA ROAD
 CITY-ST-ZIP MELBOURNE BEACH FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME ATKINS, LILLIAN ☒ Change ☐ Addition
 STREET ADDRESS 221 LONDONDERRY DR
 CITY-ST-ZIP SARASOTA, FL 34240

TITLE D
 NAME ATKINS, SAUL ☒ Change ☐ Addition
 STREET ADDRESS 221 LONDONDERRY DR
 CITY-ST-ZIP SARASOTA, FL 34240

TITLE D
 NAME SAMUELS, BARBARA J ☒ Change ☐ Addition
 STREET ADDRESS 221 LONDONDERRY DR
 CITY-ST-ZIP SARASOTA, FL 34240

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-02 941-342-0475

CR2E034 (9/01)