

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0092419 AV

DOCUMENT # J48675

1. Entity Name
JAMES G. ATKINS & ASSOCIATES P.A.



FILED

03 JUN 16 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
105 E. LAKE BRANTLEY DR.
LONGWOOD FL 32779

Mailing Address
105 E. LAKE BRANTLEY DR.
LONGWOOD FL 32779



2. Principal Place of Business

3. Mailing Address

1401 CANAL POINT RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LONGWOOD FL

4. FEI Number 59-2743558

Applied For
Not Applicable

Zip

Country

Zip

32750

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATKINS, JAMES G. JR.
105 E. LAKE BRANTLEY DR.
LONGWOOD FL 32779

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ATKINS, JAMES G. JR.
STREET ADDRESS 1401 CANAL POINT RD
CITY-ST-ZIP LONGWOOD FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TS
NAME ATKINS, KATHLEEN
STREET ADDRESS 1401 CANAL POINT RD
CITY-ST-ZIP LONGWOOD FL

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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 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

6/9/03

Date

Daytime Phone #

CR2E034 (10/02)