2002 UNIFORM BUSINESS REPORT (UBR)

0037587

DOCUMENT # L99000006021

1. Entity Name

CBA-ATKINSON LLC

FILED
SECRETARY OF STATE

02 MAR 22 PM 2:07

Principal Place of Business	Mailing Address
500 SOUTH FLORIDA AVENUE. 8TH FLOOR LAKELAND FL 33801-5281	500 SOUTH FLORIDA AVENUE. 8TH FLOOR LAKELAND FL 33801-5281

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
331 South Florida Avenue	331 South Florida Avenue
Suite, Apt. #, etc.: Suite 400	Suite, Apt. #, etc.: Suite 400
City & State	City & State
Zip: 33801-4626 Country	Zip: 33801-4626 Country

4. FEI Number 59-3598966 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ATKINSON, RONALD C 500 SOUTH FLORIDA AVENUE, 8TH FLOOR LAKELAND FL 33801-5281	Name Street Address (P.O. Box Number is Not Acceptable): 331 South Florida Avenue, Suite 400 331 City: FL Zip Code: 33801-4626

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: R C Atk Manager — Ronald C. Atkinson — 1/31/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

900005205149--8
-04/08/02--01055--004
****200.00 *****50.00

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ATKINSON, RONALD C 500 SOUTH FLORIDA AVENUE, 8TH FLOOR LAKELAND FL 33801-5281	☐ Delete	☑ Change ☐ Addition	331 South Florida Avenue, Suite 400 33801-4626
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SMALLHEER, CHARLES J 500 SOUTH FLORIDA AVENUE, 8TH FLOOR LAKELAND FL 33801-5281	☐ Delete	☑ Change ☐ Addition	331 South Florida Avenue, Suite 400 33801-4626
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Charles J Smallheer **REQUIRED** 1/29/02 863-687-4010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #