

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000742

1. Entity Name

ATELA CORPORATION

R

**FILED**  
**Jun 29, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90032 027 \*\*\*\*61.25

Principal Place of Business

Mailing Address

A&L DRIVE  
QUINCY FL 32351

61 A&L DRIVE  
QUINCY FL 32351

2. Principal Place of Business

61 A&L DRIVE  
Suite, Apt. #, etc.

3. Mailing Address

61 A&L DRIVE  
Suite, Apt. #, etc.

City & State  
Quincy  
Zip  
32351

Country  
GADSDEN

City & State  
FLORIDA  
Zip  
32351

Country  
U.S.A.

4. FEI Number  
59-3494672

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

KING, ALETA R  
61 A&L DRIVE  
QUINCY FL 32351

7. Name and Address of New Registered Agent

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	KING, JAMES E	VPRES.
STREET ADDRESS	61 A&L DRIVE	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RADCLIFFE, HERBERT L SR.	
STREET ADDRESS	937 MARION STREET	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, RUBY	
STREET ADDRESS	937 MARION STREET	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	King, ALETA	PRES. <input type="checkbox"/> Delete
NAME	61 A&L Drive	
STREET ADDRESS	Quincy FLA. 32351	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 617, 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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/00

(850) 410-3715

Date Daytime Phone #

CR2E037 (9/99)