

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001742

1. Entity Name

THE ATELIER ENSEMBLE, INCORPORATED

Principal Place of Business

3623 VALENCIA ROAD  
JACKSONVILLE FL 32205

Mailing Address

PO BOX 37752  
JACKSONVILLE FL 32236

2. Principal Place of Business

1284 TALBOT Ave.

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

Zip 32205

Country USA

Zip

Country

4. FEI Number

59-3552358

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, DAVID R  
2468 ATLANTIC BLVD  
JACKSONVILLE FL 32207

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

9/27/00

FILE NOW: FEE IS \$61.25  
After September 13, 2000 min. will be \$236.25

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 DP  
NAME STOUT, RICHARD K  
STREET ADDRESS 3625 VALENCIA ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32205

Delete

TITLE DS  
NAME DAHL, CHRISTINA  
STREET ADDRESS 3625 VALENCIA ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32205

Delete

TITLE DV  
NAME EVERY, KENNETH  
STREET ADDRESS 1284 TALBOT AVE  
CITY-ST-ZIP JACKSONVILLE FL 32205

Delete

TITLE D  
NAME BARRETT, MELISSA P  
STREET ADDRESS 9694 BROKEN OAK BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32257

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/2000

904-387-1702

Date Daytime Phone #

CR2E037 (5/00)

00147

FILED

00 OCT -2 PM 12: 17

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT

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