

192

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED

02 FEB 14 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800005065178--7

-03/07/02--01073--020

\*\*\*\*150.00 \*\*\*\*150.00

01-02 UBR

DOCUMENT # P00000105379

1. Entity Name

ATWELL HOLDINGS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

210 S. Parsons Ave.

Suite, Apt. #, etc.

Suite 12

3. Mailing Address

210 S. Parsons Ave.

Suite, Apt. #, etc.

Suite 12

City & State

BRANDON, FL

City & State

BRANDON, FL

Zip

33566

Country

US

Zip

33566

Country

US

4. FEI Number

59-3679943

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Derek Parker

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

210 S. Parsons Ave

Suite 12

City

Brandon

FL

Zip Code

33566

DO NOT WRITE  
IN THIS SPACE

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

Derek Parker, Derek Parker

(Signature, typed or printed name of registered agent and fee applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/02

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT  
Everett Atwell  
2209 Longleaf Circle  
Lakeland, FL 33810

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/02

Date

863.816.0016

Daytime Phone

CR2E034B (12/01)