2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

1235 HAMILTON ST.

JACKSONVILLE FL 32205

DOCUMENT # P00000117868

1. Entity Name

Principal Place of Business

JACKSONVILLE FL 32205

1235 HAMILTON ST.

ATKINSON SUPPLY COMPANY, INC.



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90229 001 ***150.00

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. Principal Pla	ce of Business	3. Mailing Address				1 10011001 111 00111 0011		•	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FE	1 Number 59-3688719		lied For Applicable	
Zip	Country	Zip Country			5. Ce	Certificate of Status Desired \$8.75 Additional Fee Required			
2.10						ime and Address of New Registered A			
	6. Name and Address of Curren	t Registered Agent				ime and Address of New Registered A			
		Name:							
ATKINSON, BETTY K				Street Address (P.O. Box Number is Not Acceptable)					
1235 HAMILTON ST.									
	/ILLE FL 32205								
JACKSONY	ALLE I L 02200			City		FL	Zip Code	Ì	
	•			1 '				and accord	
The above	named entity submits this statement	for the purpose of chang	ing its register	red office or regi	stered age	nt, or both, in the State of Florida. I am f	amiliar with, c	illo accept	
the above	ons of registered agent.								
\(\)									
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Register	red Agent signature rec	quired when rei	nstating) DATE			
							A- A	.	
FI	LE NOW!!! FEE IS \$150.00	_				Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
After	May 1, 2003 Fee will be \$550.0	O .			j	Trust Fund Contribution.			
Make Check	Payable to Florida Department	of State				DITIONS/CHANGES TO OFFICERS AND	DIRECTORS	S IN 11	
10.	OFFICERS AN	ND DIRECTORS	11			511107107 07.11 1.10	☐ Change	☐ Addition	
TITLE	DP	☐ Delet		TLE					
NAME	ATKINSON, WILLIAM D			AME REET ADDRESS					
STREET ADDRESS	1235 HAMILTON ST.			TY-ST-ZIP				-	
CITY-ST-ZIP	JACKSONVILLE FL 32205						☐ Change	☐ Addition	
TITLE	DST	Delei		TLE				_	
NAME	ATKINSON, BETTY K			AME					
STREET ADDRESS	1235 HAMILTON ST.			TREET ADDRESS ITY-ST-ZIP					
CITY-ST-ZIP	JACKSONVILLE FL 32205						Change	Addition	
TITLE		_ Dele		ITLE .		,	<u> </u>		
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STREET ADDRESS	1			TY-ST-ZIP					
CITY-ST-ZIP				_ 			Change	Addition	
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NAME				IAME TREET ADDRESS				ļ	
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CITY-ST-ZIP				CITY-ST-ZIP			☐ Change	Addition	
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NAME	1			NAME					
STREET ADDRESS	s !			STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP		+10.07(2)(6) Florida Statutes I further C	artify that the	Information	

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

1-14-03 904-387-030

Daytime Phone #

HZEU34 (10/02)