FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jun 13, 2002 8:00 am DOCUMENT # **Secretary of State** P01000081247 1. Entity Name 06-13-2002 90385 024 ***150.00 ATKINSON GROWERS, INC. Principal Place of Business Mailing Address 2611 81ST, AVE, W. 2611 813T. AVE. W **ELLENTON FL 34222** FLIENTON-FL 34222 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Sty & State 4. FEI Number Applied For Not Applicable Countr \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ATKINSON, MICHELLE -2611-813T: AVE: W. **ELLENTON FL-34222-**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 ed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) ☐ Delete TITLE ☐ Addition NAME NAME ATKINSON, MICHELLE K STREET ADDRESS 2611-81ST, AVE. W. STREET ADDRESS CITY-ST-ZIP ELLENTON FL 34222-CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME ATKINSON, MARK A STREET ADDRESS STREET ADDRESS 2611-81ST, AVE. W. CITY-ST-ZIP CITY-ST-ZIP FLLENTON FL 34222 TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHTY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

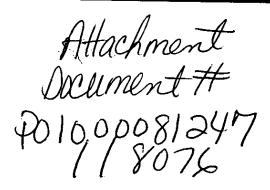
<u>"Hi nequired</u> TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

June 6, 2002

Katherine Harris Secretary of State Division of Corporations PO Box 6327 Tallahassee, FL 32314



To Whom It May Concern:

The enclosed form went to our old address. We only just received the form and are promptly sending it along with the payment to you. As this is our first year completing this form I was not expecting it to come in the mail, therefore, did not know I was missing a deadline. Please make the appropriate address changes. Thank you for your understanding in this matter.

New address:

9612 25th Street East Parrish, FL 34219

Sincerely,

Michelle Atkinson Atkinson Growers Inc.

Enclosures

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