

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 13, 2002 8:00 am**  
**Secretary of State**

06-13-2002 90385 024 \*\*\*150.00

0503530  
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**DOCUMENT # P01000081247**

1. Entity Name  
**ATKINSON GROWERS, INC.**

Principal Place of Business      Mailing Address

**2611 81ST. AVE. W.  
 ELLENTON FL 34222**      ~~2611 81ST. AVE. W.  
 ELLENTON FL 34222~~ **incorrect**

2. Principal Place of Business      3. Mailing Address

**9612 25th St E**      **9612 25th St E**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**Parrish, FL**      **Parrish, FL**

Zip      Country      Zip      Country

**34219**      **USA**      **34219**      **USA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ATKINSON, MICHELLE**  
~~2611 81ST. AVE. W.  
 ELLENTON FL 34222~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**9612 25th St E**

City **Parrish**      **FL**      Zip Code **34219**

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      DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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	<b>DPT ATKINSON, MICHELLE K <del>2611 81ST. AVE. W. ELLENTON FL 34222</del></b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS ATKINSON, MARK A 2611 81ST. AVE. W. ELLENTON FL 34222</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9612 25th St E Parrish, FL 34219</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9612 25th St E Parrish, FL 34219</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:      **DATE REQUIRED**      Date      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)

June 6, 2002

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

Attachment  
Document #  
PO10,00081247  
118076

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 25<sup>th</sup> Street East  
Parrish, FL 34219

Sincerely,



Michelle Atkinson  
Atkinson Growers Inc.

Enclosures