2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State
02-21-2003 90852 008 ***150.00

DOCUMENT # P01000111235

1. Entity Name
ATALA CO.

Principal Place of Business	Mailing Address
3400 DELILAH DR CAPE CORAL FL 33993	3400 DELILAH DR CAPE CORAL FL 33993

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
10791 ORANGE RIVER BLVD	10791 ORANGE RIVER BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT MYERS FL	City & State: FORT MYERS FL
Zip: 33905 Country:	Zip: 33905 Country:

4. FEI Number 65-1158966 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAMPBELL, KEVIN LYNN 3400 DELILAH DR CAPE CORAL FL 33993	Name: CAMPBELL KEVIN LYNN Street Address (P.O. Box Number is Not Acceptable): 10791 ORANGE RIVER BLVD City: FORT MYERS FL Zip Code: 33905

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kevin Campbell KEVIN CAMPBELL 2-17-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CAMPBELL, KEVIN 3400 DELILAH DR CAPE CORAL FL 33993 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CAMPBELL KEVIN 10791 ORANGE RIVER BLVD FORT MYERS FL 33905 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 REQUIRED Kevin Campbell KEVIN CAMPBELL 2-17-03 239-872-2953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #