

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90236 023 ***158.75

DOCUMENT # *P02000053082*

1. Entity Name

ATWATER CONSULTANTS, INC.



DO NOT WRITE IN THIS SPACE

94074776

2. Principal Place of Business

728 Wing Foot Lane

3. Mailing Address

728 Wing Foot Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MELBOURNE, FL.

City & State

MELBOURNE, FL

4. FEI Number

04-3665366

Applied For

Not Applicable

Zip

Country

32940-7855

USA

Zip

Country

32940-7855

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

William M. ATWATER

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

728 Wing Foot Lane

City

MELBOURNE

FL

Zip Code

32940-7855

**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. I am familiar with, and accept the obligations of registered agent. *NO CHANGE FROM LAST YEAR*

SIGNATURE *William M. Atwater*, *William M. ATWATER, SECRETARY & TREASURER* *APRIL 26, 2004*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE: *PRESIDENT & DIRECTOR & CHAIRMAN*
NAME: *MARGARET C. ATWATER*
STREET ADDRESS: *728 Wing Foot Lane*
CITY-ST-ZIP: *Melbourne, FL 32940-7855*

TITLE: *SECRETARY & TREASURER & Director*
NAME: *William M. ATWATER*
STREET ADDRESS: *728 WING FOOT LANE*
CITY-ST-ZIP: *Melbourne, FL 32940-7855*

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *William M. Atwater*, *William M. ATWATER, Sec & Treas. & Dir.*, *4-26-04(321)-537-5275*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)