

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90976 037 \*\*\*150.00

0587274 AV

DOCUMENT # **P02000078139**

1. Entity Name  
**ATKINS ENGINEERING, INC.**



Principal Place of Business  
**429 EPPINGER DRIVE  
PORT CHARLOTTE FL 33953**

Mailing Address  
**429 EPPINGER DRIVE  
PORT CHARLOTTE FL 33953**



2. Principal Place of Business  
**ATKINS ENGINEERING**  
Suite, Apt. #, etc.

**3742 PETUNIA TERRACE**  
City & State  
**NORTH PORT, FL**

Zip **34286** Country **USA**

3. Mailing Address  
**ATKINS ENGINEERING**  
Suite, Apt. #, etc.

**3742 PETUNIA TERRACE**  
City & State  
**NORTH PORT FL**

Zip **34286** Country **USA**

CHECK HERE IF MAKING CHANGES

4. FEI Number  
**45-0483-484**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ATKINS, KENNETH  
429 EPPINGER DRIVE  
PORT CHARLOTTE FL 33953**

7. Name and Address of New Registered Agent

Name **ATKINS, KENNETH**  
Street Address (P.O. Box Number is Not Acceptable)

**3742 PETUNIA TERRACE**  
City **NORTH PORT** FL Zip Code **34286**

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 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **29 APR 03**

**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

TITLE **D**  Delete  
NAME **ATKINS, KENNETH E**  
STREET ADDRESS **429 EPPINGER DRIVE**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33953**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P**  Change  Addition  
NAME **ATKINS, KENNETH E**  
STREET ADDRESS **3742 PETUNIA TERRACE**  
CITY-ST-ZIP **NORTH PORT, FL 34286**

TITLE **D/U**  Change  Addition  
NAME **BRAY, TONATHON R**  
STREET ADDRESS **3510 ISLAND CLUB DR**  
CITY-ST-ZIP **NORTH PORT, FL 34288**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

DATE **29 APR 03**

Daytime Phone #

CR2E034 (10/02)