

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

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90191 004 ***150.00

DOCUMENT # **P03000122434**

1. Entity Name



**ATLANTIC KITCHENS & BATHS
OF ORLANDO, INC**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1142 VILLA LANE

Suite, Apt. #, etc.

3. Mailing Address

1142 VILLA LANE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Apopka FLORIDA

City & State

Apopka FLORIDA

4. FEI Number

05-0588109

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MARK E PARSONS

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

1201 ARAPAHO AVENUE

City

ST. AUGUSTINE

FL

Zip Code

32084

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

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 **P**
NAME **PRESIDENT -**
STREET ADDRESS **GENEVA R. DENNISON**
CITY-ST-ZIP **1142 VILLA LANE**
Apopka, FLORIDA 32712-2129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP**
NAME **VICE-PRESIDENT**
STREET ADDRESS **GENEVA R. DENNISON**
CITY-ST-ZIP **1142 VILLA LANE**
Apopka, FLORIDA 32712-2129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S**
NAME **SECRETARY**
STREET ADDRESS **GENEVA R. DENNISON**
CITY-ST-ZIP **1142 VILLA LANE**
Apopka, FLORIDA 32712-2129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T**
NAME **TREASURER**
STREET ADDRESS **GENEVA R. DENNISON**
CITY-ST-ZIP **1142 VILLA LANE**
Apopka, FLORIDA 32712-2129

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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/06/2004 2:44 (407) 814-7313

CR2E034B (12/02)