03/07/2000 10:55 352-463-6908

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 25, 2000 8:00 am**
**Secretary of State**
04-25-2000 90098 048 ***150.00

DOCUMENT # P93000058673

1. Entity Name
A.T. & W.P. INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 114 NORTHEAST FIRST STREET<br>TRENTON FL 32693 | P.O.BOX 309<br>TRENTON FL 32693-0309<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2825 Hickory Tree Rd<br>Suite, Apt. #, etc | P.O. Box # 701838<br>Suite, Apt. #, etc |
| City & State: St. Cloud FL | City & State: St. Cloud FL |
| Zip: 34772 Country: USA | Zip: 34770 Country: USA |

59-3207497

4. FEI Number 59-3207407 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BURT, THEODORE M
114 NORTHEAST FIRST STREET
TRENTON FL 32693

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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: James Spencer Holben 3/8/00
Signature, type or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

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

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HOLBEN, JAMES S<br>HIGHWAY 129<br>BELL FL 32619 | ☒ Delete | Holben, James S.<br>P.O. Box # 701838<br>St. Cloud, FL 34770 | ☒ Change to ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MDS<br>HOLBEN, JAMES LEE<br>1300 UNDERWOOD<br>ST CLOUD FL | ☒ Delete | Holben, James Lee<br>P.O. Box # 701838<br>St. Cloud, FL 34770 | ☒ Change to ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ 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:** James Spencer Holben 3/8/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

407-892-7676
Daytime Phone #

CR2E113A (9/98)