

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000033406

1. Entity Name
BPC ATKINSON CORP.

Principal Place of Business

2033 MAIN STREET
SUITE 101
SARASOTA FL 34237

Mailing Address

2033 MAIN STREET
SUITE 101
SARASOTA FL 34237

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 600

Suite, Apt. #, etc.

Suite 600

City & State

City & State

4. FEI Number 65-0579571

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PFLUGNER, J. GREGORY
2033 MAIN STREET
SUITE 101
SARASOTA FL 34237

Name

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

City

Suite 600
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

Signature, typed or printed name of registered agent and title 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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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 D ☐ Delete
NAME ATKINSON, BRIAN R
STREET ADDRESS 1624 SHELBURNE LANE
CITY-ST-ZIP SARASOTA FL 34231

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ATKINSON, PHYLLIS J
STREET ADDRESS 1624 SHELBURNE LANE
CITY-ST-ZIP SARASOTA FL 34231

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

P. J. Atkinson P J ATKINSON (MRS)

Date

4-9-01 (941) 921 3452

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/00)