

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

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90083 040 ***150.00

DOCUMENT # P95000081578

1. Entity Name

Atwell Contract Programming &
Consulting Serv.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

603 Benjulyn
Suite, Apt. #, etc.

P.O. Box 24
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Cantonment, FL

Gonzalez, FL

4. EFL Number

Applied For

Not Applicable

Zip

Country

Zip

Country

32533 Escambia

32560 Escambia

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

VAN MATRE, CARYN A.

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

213 S. ALCHIEZ ST

Zip

PENSACOLA

FL

32501

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)

4/18/02

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

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Atwell, OSCAR W.
603 Benjulyn
Cantonment, FL 32533

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Atwell, Beth J.
603 Benjulyn
Cantonment, FL 32533

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 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 #

4-18-02 850510-4710