

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90384 023 \*\*\*150.00

0450219

**DOCUMENT # P96000048424**

1. Entity Name  
**ATIP CORPORATION**

Principal Place of Business  
**900 UNIVERSITY BLVD NO. 106-A  
 JACKSONVILLE FL 32211**

Mailing Address  
**900 UNIVERSITY BLVD NO. 106-A  
 JACKSONVILLE FL 32211**

U 2 0 0 1 3



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**6602 Executive Park Ct**

3. Mailing Address  
**6602 Executive Park Ct**

Suite, Apt. #, etc.  
**Bldg 200 Suite 207**

Suite, Apt. #, etc.  
**Bldg 200 Suite 207**

City & State  
**Jacksonville, FL**

City & State  
**Jacksonville, FL**

4. FEI Number **59-3398425**

Applied For  
 Not Applicable

Zip  
**32216**

Country

Zip  
**32216**

Country

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

**6. Name and Address of Current Registered Agent**

**MCCOMBS, GEORGE M  
 900 UNIVERSITY BLVD NO. 106-A  
 JACKSONVILLE FL 32211**

**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 *George M. McCombs*  
 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**

TITLE **P** ☐ Delete  
 NAME **MCCOMBS, GEORGE M**  
 STREET ADDRESS **900 UNIVERSITY BLVD, NO. 106A**  
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

TITLE ☐ Change ☐ Addition  
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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: *George M. McCombs*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)