

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

09-02-2003 90181 018 *****61.25
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000048424

1. Entity Name

ATIP CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6602 EXECUTIVE PARK CT. 6602 EXECUTIVE PARK CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BLOG 200 SUITE 207

BLOG 200 SUITE 207

City & State

City & State

JACKSONVILLE, FL.

JACKSONVILLE, FL.

Zip

Country

Zip

Country

32216

US

32216

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3398425

App. Fee For

Fee Required

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

TERRY L. BIRD (ATTORNEY)

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

4069 ATLANTIC BLVD.

City

JACKSONVILLE

FL

Zip Code

32202

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 fee if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

CEO
MCCOMBS, GEORGE M.
6602 EXECUTIVE PARK CT.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

JACKSONVILLE, FL. 32216
PRESIDENT
MCCOMBS, RYAN
6602 EXECUTIVE PARK CT.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

JACKSONVILLE, FL. 32216

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IN THIS SPACE**

8/25/03

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

8/25/03

Date

Signature

CR2E034B (12/02)