

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91035 010 ***158.75

031443 AV

DOCUMENT # P97000007583

1. Entity Name
ATKINS GROUP, INCORPORATED



Principal Place of Business
**11516 SAN JOSE BLVD., STE. 1-A
JACKSONVILLE FL 32223**

Mailing Address
**11516 SAN JOSE BLVD., STE. 1-A
JACKSONVILLE FL 32223**

2. Principal Place of Business

11945 SAN JOSE BLVD.

Suite, Apt. #, etc.

203

City & State

JACKSONVILLE, FL

Zip

32223

Country

USA

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

32223

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3506093

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ATKINS, STEPHEN L

**11516 SAN JOSE BLVD., STE. 1-A
JACKSONVILLE FL 32223**

7. Name and Address of New Registered Agent

Name

ATKINS, STEPHEN L.

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

11945 SAN JOSE BLVD. # 203

City

JACKSONVILLE

FL

Zip Code

32223

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **PD** ☐ Delete
NAME **ATKINS, STEPHEN L**
STREET ADDRESS **11516 SAN JOSE BLVD., STE. 1-A**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **VSTD** ☐ Delete
NAME **ATKINS, PAMELA T**
STREET ADDRESS **11516 SAN JOSE BLVD, STE 1-A**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **ATKINS, STEPHEN L.**
STREET ADDRESS **11945 SAN JOSE BLVD # 203**
CITY-ST-ZIP **JAX, FL 32223**

TITLE **VSTD** ☒ Change ☐ Addition
NAME **ATKINS, PAMELA T.**
STREET ADDRESS **11945 SAN JOSE BLVD. #203**
CITY-ST-ZIP **JAX, FL 32223**

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

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

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

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

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 Block 11 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE:

SIGNATURE REQUIRED

04/04/03

904/886-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)