

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2002 8:00 am**  
**Secretary of State**

03-04-2002 90034 016 \*\*\*150.00

**DOCUMENT # P97000020743**

**1. Entity Name**  
**ATCHISON CONSULTANTS, INC.**

**Principal Place of Business**  
**7635 ALBERT TILLINGHAST DR**  
**SARASOTA FL 34240**  
**US**

**Mailing Address** *Change To:*  
~~PO BOX 1019~~  
~~SARASOTA FL 34240~~  
~~US~~  
**ATCHISON CONSULTANTS, INC.**  
**7635 Albert Tillinghast Drive**  
**Laurel Oak Estates**  
**Sarasota, FL 34240**



**2. Principal Place of Business**

**3. Mailing Address**  
**7635 Albert Tillinghast Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State  
**Sarasota, Fl.**

**4. FEI Number**  
**65-0750013**

Applied For  
 Not Applicable

Zip

Country

Zip  
**34240**

Country  
**USA**

**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**

**ATCHISON, JOSEPH E**  
**7635 ALBERT TILLINGHAST DR**  
**SARASOTA FL 34240**

Name  
*Send checks to Atchison Consultants*  
 Street Address (P.O. Box Number is Not Acceptable)  
**ATCHISON CONSULTANTS, INC.**  
**7635 Albert Tillinghast Drive**  
**Laurel Oak Estates**  
**Sarasota, FL 34240**  
 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** *Joseph E. Atchison*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*2/18/02*  
 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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

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

**TITLE** **PTD** ☐ Delete  
**NAME** **ATCHISON, JOSEPH E**  
**STREET ADDRESS** **7635 ALBERT TILLINGHAST DR.**  
**CITY-ST-ZIP** **SARASOTA FL 34240**

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

**TITLE** **VS** ☐ Delete  
**NAME** **ATCHISON, BETTY J**  
**STREET ADDRESS** **7635 ALBERT TILLINGHAST DRIVE**  
**CITY-ST-ZIP** **SARASOTA FL 34240**

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

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

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

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

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**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:** *Joseph E. Atchison*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/18/02* *941-372-3922*  
 Date Daytime Phone #

CR2E034 (9/01)