

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90428 012 ***150.00

DOCUMENT # P97000049551

1. Entity Name
ATOKA SYSTEMS, INC.

Principal Place of Business

11250 OLD ST AUGUSTINE RD
 15-394
 JACKSONVILLE FL 32257
 US

Mailing Address

11250 OLD ST AUGUSTINE RD
 15-394
 JACKSONVILLE FL 32257
 US

2. Principal Place of Business

6593 Powers Ave
 Suite, Apt. #, etc.
 #24

City & State
 Jacksonville, FL

Zip Country
 32217 Duval

3. Mailing Address

11250 Old St. Augustine
 Suite, Apt. #, etc.
 #15-394

City & State
 Jacksonville, FL

Zip Country
 32257 Duval



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3498415**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

EISENHOUR, DENNIS L
 10754 CLYDESDALE DR E
 JACKSONVILLE FL 32257

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

Dennis L. Eisenhower

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	DPST	<input type="checkbox"/> Delete
NAME	EISENHOUR, DENNIS L	
STREET ADDRESS	10754 CLYDESDALE DR. E.	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> Delete
NAME	OTT, STUART A	
STREET ADDRESS	6806 BARNACK DR.	
CITY-ST-ZIP	SPRINGFIELD VA 22152	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Dennis L. Eisenhower

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2001

Date

904-262-1124

Daytime Phone #

CR2E034 (10/00)