

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063672

1. Entity Name

ATKINS MANAGEMENT & CONSULTING SERVICES, INC.

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90100 024 ***550.00

Principal Place of Business

247 E. 7TH AVE
 STE 201

TALLAHASSEE FL 32312

Mailing Address

PO BOX 15948

TALLAHASSEE FL 32312

2. Principal Place of Business

1424 VIEUX CARRE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 15948

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

4. FEI Number

59-3523101

Applied For

Not Applicable

Zip

32308

Country

LEON

Zip

32317-5948

Country

LEON

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ATKINS, KATHLEEN B
 1781 MARSTON PLACE
 TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name KATHLEEN B. ATKINS

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

1424 VIEUX CARRE

City TALLAHASSEE, FL

Zip Code 32308

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
 NAME ATKINS, KATHLEEN B
 STREET ADDRESS 1781 MARSTON PLACE
 CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ATKINS, KATHLEEN B. ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 1424 VIEUX CARRE
 CITY-ST-ZIP TALLAHASSEE, FL 32308

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

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

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

TITLE
 NAME
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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

KATHLEEN B. ATKINS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/2000 (850) 383-1307
 Date Daytime Phone #

CR2E034 (5/00)