

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070724

1. Entity Name

ATKINS CONSULTING ASSOCIATES, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90105 005 \*\*\*150.00

Principal Place of Business

2220 S. VALRICO ROAD  
VALRICO FL 33594

Mailing Address

2220 S. VALRICO ROAD  
VALRICO FL 33569-4996

2. Principal Place of Business

8810 CROSS LANDING LANE

3. Mailing Address

8810 CROSS LANDING LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

RIVERVIEW FL

City & State

RIVERVIEW FL

4. FEI Number

59-3549206

Applied For

Not Applicable

Zip

33569

Country

USA

Zip

33569

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ATKINS, CAROLE P  
2220 S. VALRICO ROAD  
VALRICO FL 33594

7. Name and Address of New Registered Agent

Name

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

8810 CROSS LANDING LANE

City

RIVERVIEW

FL

Zip Code

33569

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.

address change

SIGNATURE

Carole P. Atkins, VP and Treasurer

4/13/00

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, 2000 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 P ☐ Delete  
NAME ATKINS, WILLIAM E  
STREET ADDRESS 2220 S VALRICO RD  
CITY-ST-ZIP VALRICO FL 33594

TITLE VT ☐ Delete  
NAME ATKINS, CAROLE P  
STREET ADDRESS 2220 S VALRICO RD  
CITY-ST-ZIP VALRICO FL 33594

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8810 Cross Landing Lane  
CITY-ST-ZIP Riverview FL 33569

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8810 Cross Landing Lane  
CITY-ST-ZIP Riverview FL 33569

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

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:

Carole P. Atkins, VP and T.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLE P. ATKINS

4/13/00

Date

813 671 4793

Daytime Phone #

CR2E034 (9/99)