FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90706 002 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013977

1. Entity Name
ATWELL CENTER, INC.

Principal Place of Business
5647 NAPLES BLVD.
NAPLES, FL 34109

Mailing Address
5647 NAPLES BLVD.
NAPLES, FL 34109

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3563844 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

BILITZKE, PATRICIA
6118 THRESHER DRIVE
NAPLES, FL 34112

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. 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

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	PDST	☐ Delete
NAME	BILITZKE, PATRICIA	
STREET ADDRESS	6118 THRESHER DRIVE	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	V	☐ Delete
NAME	WARREN, SHELLY	
STREET ADDRESS	236 BENSON ST.	
CITY-ST-ZIP	NAPLES, FL 34113	
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		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
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TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

CR2E034 (10/02)

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 all other like empowered.

SIGNATURE: Patricia Bilitzke 4-30-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #