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200	1: UNIFORM BUSI	NESS REPO		<u>.</u>	0112089	
DOCU	MENT # <b>P9900</b> 0	0068211	-	ម៉ា គេក	8	
ASSOCIATED PUBLIC ADJUSTERS & CONSULTANTS, INC.				FILED SECRETARY OF STATE OFFISION OF CORPORATIONS		₽
Principal Pla	ce of Business	Mailing Address		OI SEP 25 AM 10:		
PENSACOLA FL 32501 PENSACOLA FL 3		PO BOX 12965 PENSACOLA FL 32591-290	65			
2. Principal	Place of Business	3. Mailing Address				
Suite, Apt				_		
		Suite, Apt. #, etc.		DO NOT WRITE IN THE	IIS SPACE	
City & Sta	ite .	City & State		4. FEI Number 5-9-36-444	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Re	gistered Agent	Name	7. Name and Address of New Register	ed Agent	
ATKINS, DANNY D 1304 W. GARDEN ST. PENSACOLA FL 32501			Street Address (P.O. Box Number is Not Acceptable)			
			City	<u></u>	Zip Code	
8. The above	e named entity submits this statement for the	ne purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida.		
SIGNATURE	Signature, typed of pririled name of registered agent and	title if applicable. (NOTE	D Atkins)	Jired when reinstating) DA	19-01	
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	After September 12	!! FEE IS \$550.00 , 2001 Fee will be \$75 le to Department of S		\$5.00 May Be Added to Fees	
11.	OFFICERS AND DI		12.	ADDITIONS/CHANGES TO OFFICERS A		٠,
NAME STREET ADDRESS CITY-ST-ZIP	ATKINS, DANNY D 1304 W GARDEN STREET PENSACOLA FL 32501	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900004614 -09/27/01 ****150.00	Change	
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TITLE		☐ Delete	TITLE		Change Addition	on of the same

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 Indirective 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 attackment with an address, with allowance in the proposed.

SIGNATURE:

SIGNATURE AD TYPE OF STATUTE OF THE PROPERTY OF

NAME

STREET ADDRESS

CITY-ST-ZIP

## **APAC**

A Public Adjusting Firm

Memo To: Division of Corporations.

Memo From: Danny D. Atkins

Date: September 19, 2001

RE: Uniform Business Report

Per my conversation of 9-19-01, with Marie in your office, I am forwarding this memo to inform you that I did not receive any previous UBR reports prior to the enclosed. I was informed that mailing was done in January 2001, however, I never received it. Per the instruction of your office, I am enclosing my payment of \$150. Payment was to have been made earlier, but in light of the tragedy our nation suffered last week, I was not in the office to sign checks. I understand that your office has extended the deadline to accommodate everyone. Many thanks.