

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2003 8:00 am
Secretary of State

08-14-2003 90069 002 ***150.00

DOCUMENT # P99000098880

1. Entity Name
ATCHLEY & ASSOCIATES, INC.



Principal Place of Business
**2860 CAMELLIA LANE
APOPKA FL 32703**

Mailing Address
**2860 CAMELLIA LANE
APOPKA FL 32703**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3633700**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ATCHLEY, FREDERIC P
2860 CAMELLIA LANE
APOPKA FL 32703**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ATCHLEY, FREDERIC P	
STREET ADDRESS	2860 CAMELLIA LANE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	V	<input type="checkbox"/> Delete
NAME	ATCHLEY, MARGARET E	
STREET ADDRESS	2860 CAMELLIA LN.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		

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

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: *Frederic P Atchley* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-11-03

Date Daytime Phone #

CR2E034 (4/03)

Attachment #

Atchley & Associates, Inc.

2860 Camellia Lane • Apopka, FL 32703
Office 407-299-9511 • FAX 407-822-8491

80138499

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August 11, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I hereby certify that we did not receive the 2003 For Profit Corporation, Uniform Business Report (UBR) until July 2003.

We have never been late on our UBR filing or the fee payment.

I am enclosing the required \$150.00 and this letter as per your request. We request the penalty fee of \$400.00 be waived in compliance with applicable Law 607.193.2(B) F.S.

We will file this report on-line in the future as the matter of receiving this report in the mail is unacceptable.

Thank you for your assistance in this matter.

Sincerely,

Fred Atchley

Fred Atchley
President/Director

Enclosure