

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S27600**

1. Entity Name

ATKINSON GROUP INSURANCE, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5 Breeze Street

Suite, Apt. #, etc.

3. Mailing Address

P O Box 220

Suite, Apt. #, etc.

City & State

Gulf Breeze FL

City & State

Gulf Breeze FL

Zip

32561

Country

SanTA ROSA

Zip

32562

Country

SanTA ROSA

4. FEI Number

59-3045753

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

Kenneth W. ATKINSON, Sr.

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

5 Breeze Street

City

Gulf Breeze

FL

Zip Code

32561

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

Kenneth W. Atkinson

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

4/30/2002

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	President
NAME	Kenneth W. Atkinson, Sr.
STREET ADDRESS	5 Breeze St
CITY - ST - ZIP	Gulf Breeze FL 32561
TITLE	Vice President
NAME	Annie S. Atkinson
STREET ADDRESS	5 Breeze Street
CITY - ST - ZIP	Gulf Breeze, FL 32561
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenneth W. Atkinson

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/30/2002 8509163161

Date

Daytime Phone #

FILED

02 NOV 15 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/15/02--01079--005 **150.00

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CR2E034B (12/01)

gs 11/20

Attachment

DBL# S27600

Atkinson Group Insurance, Inc.

PO Box 220 Gulf Breeze, FL. 32561

Phone: 850-916-3161 Cell: 407-257-2680

e-mail – tex_anne@bellsouth.net

Tuesday, April 30, 2002

Uniform Business Report

Division of Corporations

PO Box 1500

Tallahassee, FL 32302-1500

Please change your records to reflect our new business address.

Did not receive a form this year. It was mailed to our old Orlando address and not forwarded. We have been in this new office for two years.

If any problems remain please contact our office immediately.

Thanks,



Kenneth W. "Tex" Atkinson

President