

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90055 018 ***150.00

DOCUMENT # V62940

1. Entity Name

ATKINS COMPUTER SALES, INC.

Principal Place of Business

**9880 SAN JOSE BLVD.
 SUITE 1
 JACKSONVILLE FL 32257
 US**

Mailing Address

**9880 SAN JOSE BLVD.
 SUITE 1
 JACKSONVILLE FL 32257
 US**

2. Principal Place of Business

**4589 Crosstie Rd. N.
 Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 32446
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, FL

Zip
32257

Country
USA

City & State
Jacksonville, FL

Zip
32257

Country
USA

4. FEI Number
59-3139466

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ATKINS, BILLY F.
 4589 CROSSTIE ROAD NORTH
 JACKSONVILLE FL 32257**

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.

SIGNATURE *Billy F. Atkins* **Billy F. Atkins President**

(NOTE: Registered Agent signature required when reinstating)

4-23-02

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, 2002 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, BILLY F**
 STREET ADDRESS **4589 CROSSTIE RD., NORTH**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **S** ☐ Delete
 NAME **ATKINS, TERESA O.**
 STREET ADDRESS **4589 CROSSTIE RD., NORTH**
 CITY-ST-ZIP **JACKSONVILLE FL**

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
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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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: *Billy F. Atkins*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02 904-260-9362
 Date Daytime Phone #

CR2E034 (9/01)