

AMENDED

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT 22 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9900060371
 1. Entity Name
 ATP Management

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1429 S Dixie Hwy
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
New Smyrna Beach, FL

City & State

4. FEI Number Applied For
 Not Applicable

Zip
32168

Country
USA

Zip

Country

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Palmetto Charter Services, Inc.**

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

150 Magnolia Ave

City **Daytona Beach** **FL** Zip Code **32115**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) 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 **\$5.00 May Be Added to Fees**
 Trust Fund Contribution

11. OFFICERS AND DIRECTORS

TITLE **D Pres**
 NAME **Boyer, Sharon**
 STREET ADDRESS **397 Silver Beach Dr**
 CITY-ST-ZIP **Melbourne FL 32947**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**900008519169
 10/22/02--01099--006 **\$61.25**

TITLE **D VP**
 NAME **Boyer, Robert**
 STREET ADDRESS **397 Silver Beach Dr**
 CITY-ST-ZIP **Melbourne FL 32947**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D Sec'y**
 NAME **Mitchell, Heather**
 STREET ADDRESS **2600 SW Williston Rd, Apt 802**
 CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

TITLE
 NAME
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 STREET ADDRESS
 CITY-ST-ZIP

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: *Sharon Boyer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon Boyer, Pres **10-16-02** **386-426-2191**
Date Daytime Phone #

CR2E034B (12/01)

9/10/24/02