2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000061714

1. Entity Name
A T C MARKETING COMPANY, INC.

Principal Place of Business	Mailing Address
15911 LAKE IOLA RD.	15911 LAKE IOLA RD.
DADE CITY FL 33523	DADE CITY FL 33523

2. Principal Place of Business	3. Mailing Address
13151 14 ST	P O Box 986
Suite, Apt. #, etc.	Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State	City & State	4. FEI Number	
Dade City FL	Dade City FL	03-0471330	☐ Applied For
			☐ Not Applicable

Zip	Country	Zip	Country
33525	USA	33526	USA

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FAGAN, JOSEPH M JR.	Name Lynanne Lawhead
15911 LAKE IOLA RD.	Street Address (P.O. Box Number is Not Acceptable) 13151 14 St
DADE CITY FL 33523	City Dade City FL Zip Code 33525

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 _Lynanne Lawhead_ (Lynanne Lawhead) 7/9/03
Signature, typed or printed name of registered agent and title if applicable.   (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	CEO/ President	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Cic Woodland		NAME		
STREET ADDRESS	6517 Chippendale Rd		STREET ADDRESS		
CITY-ST-ZIP	Lakeland, FL 33809		CITY-ST-ZIP		
TITLE	Secretary / Treasurer	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Lynanne Lawhead		NAME		
STREET ADDRESS	13151 14 St		STREET ADDRESS		
CITY-ST-ZIP	Dade City, FL 33525		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (4/03)

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: _SIGNATURE REQUIRED_   7/9/03   352/588-1131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #