

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90023 017 \*\*\*150.00

**DOCUMENT # 295227**

1. Entity Name  
**THE A. T. R. CORPORATION**

Principal Place of Business  
 2119 WEST CENTRAL AVENUE  
 ORLANDO FL 32805

Mailing Address  
 2119 WEST CENTRAL AVENUE  
 ORLANDO FLA 32805-2130

L0040004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1097500**

Applied For  
 Not Applicable

Zip Country Zip Country

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

**BABCOCK, JOAN M.**  
**1399 C R 753**  
**WEBSTER FL 33597**

Name **DAYTON A. BABCOCK**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2119 W CENTRAL BLVD**  
 City **ORLANDO** FL **32805**

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 **DAYTON A. BABCOCK PRES.** DATE **2-25-00**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: PD NAME: <b>BABCOCK, JOAN M</b> <input checked="" type="checkbox"/> Delete STREET ADDRESS: <b>1399 C R 753</b> CITY-ST-ZIP: <b>WEBSTER FL</b>	TITLE: <b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>DAYTON A. BABCOCK</b> STREET ADDRESS: <b>2119 W CENTRAL BLVD</b> CITY-ST-ZIP: <b>ORLANDO, FL 32805</b>
TITLE: S NAME: <b>BABCOCK, LATTA</b> <input type="checkbox"/> Delete STREET ADDRESS: <b>1399 C R 753</b> CITY-ST-ZIP: <b>WEBSTER FL</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 
TITLE: V NAME: <b>BABCOCK, D.A.</b> <input checked="" type="checkbox"/> Delete STREET ADDRESS: <b>2119 W. CENTRAL</b> CITY-ST-ZIP: <b>ORLANDO FL</b>	TITLE: <b>V-P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>KRISTINE M BABCOCK</b> STREET ADDRESS: <b>33537 E. LK JOANNA DR</b> CITY-ST-ZIP: <b>EAUSTIS, FL 32736</b>
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 
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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: **DAYTON A. BABCOCK** Date **2/25/00** Daytime Phone # **407-849-0400**

CR2E034 (9/99)