

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 295227

1. Entity Name

THE A. T. R. CORPORATION

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

03-02-2000 90023 017 ***150.00

Principal Place of Business

Mailing Address

2119 WEST CENTRAL AVENUE
ORLANDO FL 32805

2119 WEST CENTRAL AVENUE
ORLANDO FLA 32805-2130

LUU40004



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

Zip Code

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

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

DAYTON A. BABCOCK PRES.

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BABCOCK, JOAN M	
STREET ADDRESS	1399 C R 753	
CITY-ST-ZIP	WEBSTER FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BABCOCK, LATTI	
STREET ADDRESS	1399 C R 753	
CITY-ST-ZIP	WEBSTER FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BABCOCK, D.A.	
STREET ADDRESS	2119 W. CENTRAL	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAYTON A. BABCOCK	
STREET ADDRESS	2119 W CENTRAL BLVD	
CITY-ST-ZIP	ORLANDO, FL 32805	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V-P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRISTINE M BABCOCK	
STREET ADDRESS	33537 E. LK JOANNA DR	
CITY-ST-ZIP	EAUSTIS, FL 32736	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAYTON A. BABCOCK

Date

2/25/00

Daytime Phone #

407-849-0400

CR2E034 (9/99)