

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0017654 AT

DOCUMENT # B02000000029



1. Entity Name
CARDTRONICS, LP

FILED

03 FEB 20 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3000 HAYES ROAD, SUITE 101
HOUSTON TX 77082

Mailing Address
3000 HAYES ROAD, SUITE 101
HOUSTON TX 77082

2. Principal Place of Business

3. Mailing Address

3110 Hayes Road

3110 Hayes Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

Suite 300

City & State

City & State

Houston, Texas

Houston, Texas

Zip

Country

Zip

Country

77082

Harris

77082

Harris

DUE BY MAY 1, 2003

4. FEI Number

Applied For

76-0419117

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$50,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$50,000.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F020000000504
NAME CARDTRONICS GP, INC.
STREET ADDRESS 3000 HAYES ROAD, SUITE 101
CITY-ST-ZIP HOUSTON TX 77082

STREET ADDRESS 3110 Hayes Road, Suite 300
CITY-ST-ZIP Houston, TX 77082

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CITY-ST-ZIP

M THOMAS

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JACK M ANTONINI 2/14/03 281.596.9988

Date

Daytime Phone #

CR2E003 (10/02)