

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012839

1. Entity Name

ATN OF FLORIDA, LLC

Principal Place of Business

495 MICKLETON LOOP  
OCOOEE FL 34761

Mailing Address

495 MICKLETON LOOP  
OCOOEE FL 34761

2. Principal Place of Business

3. Mailing Address

20505 US 19 NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#12-136

City & State

City & State

CLEARWATER, FL

Zip

Country

Zip

33764

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREEMAN, DAMIAN

495 MICKLETON LOOP

OCOOEE FL 34761

20505 US 19 NORTH

#12-136

CLEARWATER, FL 33764

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.

SIGNATURE

DAMIAN FREEMAN

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

(NOTE: Registered Agent signature required when translating)

DATE

5/1/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME **DAMIAN FREEMAN** ☐ Delete  
STREET ADDRESS 20505 US 19 NORTH #12-136  
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 000004383880--4  
CITY-ST-ZIP -06/08/01--01077--016  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/1/01

727-842-6442

FILED

01 MAY 11 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE