

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014452

1. Entity Name

ATOMIC TATTOOS, L.L.C.

Principal Place of Business

924 RIVERSIDE RIDGE ROAD
TARPON SPRINGS FL 34689

Mailing Address

924 RIVERSIDE RIDGE ROAD
TARPON SPRINGS FL 34689

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

PO BOX 4604

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

33758

Country

US

4. FEI Number

59-3740454

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANNON, STEPHEN T
924 RIVERSIDE RIDGE ROAD
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE: PRESIDENT
NAME: STEPHEN T. CANNON
STREET ADDRESS: 924 RIVERSIDE RIDGE RD
CITY-ST-ZIP: TARPON SPRINGS, FL 34689

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

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

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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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:

STEPHEN T. CANNON REQUIRED

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

Date

Daytime Phone #

4.30. 2002 725.95.6239

FILED
Jun 12, 2002 8:00 am
Secretary of State

05-22-2002 90226 028 ****50.00

92647



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)