

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L990000000069

1. Entity Name
MONEY TREE ATM MARKETING, L.C.

APPROVED
AND
FILED

00 MAY 22 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0012259 AF

Principal Place of Business

12-E COMMERCE STREET
DESTIN FL 32541

Mailing Address

12-E COMMERCE STREET
DESTIN FL 32541-2324

2. Principal Place of Business

3. Mailing Address

P.O. Box 5468

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DESTIN FL

4. FEI Number

59-3550914

Applied For

Not Applicable

Zip

Country

Zip

32540

Country

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

MC GEE, DAVID L
3 WEST GARDEN STREET, SUITE 700
PENSACOLA FL

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME INTEGRATED FINANCIAL SYSTEMS, L.C.
STREET ADDRESS 12-E COMMERCE STREET
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600003283556
-05/12/00--01003--015
*****50.00 *****50.00

TITLE MEM
NAME INTEGRATED FINANCIAL SYSTEMS, L.C.
STREET ADDRESS 12-E COMMERCE STREET
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

4/24/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)