

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000069

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

Principal Place of Business  
12-E COMMERCE STREET  
DESTIN FL 32541

Mailing Address  
P.O. BOX 5468  
DESTIN FL 32540

APPROVED  
AND  
FILED

01 APR 11 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
11 Eglin Parkway

3. Mailing Address

Suite, Apt. #, etc.  
Suite #3

Suite, Apt. #, etc.

City & State  
Fort Walton Beach, FL

City & State

4. FEI Number 59-3550914

Applied For  
Not Applicable

Zip  
32548

Country  
USA

Zip

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

TITLE NAME MGR ☒ Change ☐ Addition  
STREET ADDRESS Integrated Financial Systems, L.C.  
CITY-ST-ZIP 11 Eglin Parkway #3  
Fort Walton Beach, FL 32548

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

TITLE NAME MEM ☒ Change ☐ Addition  
STREET ADDRESS Integrated Financial Systems, L.C.  
CITY-ST-ZIP 11 Eglin Parkway #3  
Fort Walton Beach, FL 32548

TITLE NAME  
STREET ADDRESS  
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  
4000004017164--3  
-04/19/01--01021--009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)