

2001 UNIFORM BUSINESS REPORT (UBR)

0003864 AF

DOCUMENT # L99000000072

1. Entity Name

MONEY TREE ATM MANUFACTURING, L.C.

FILED

01 MAR 26 PM 5: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

12-E COMMERCE STREET
DESTIN FL 32541

Mailing Address

P.O. BOX 5468
DESTIN FL 32540

2. Principal Place of Business

11 Eglin Parkway

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #3

City & State

Fort Walton Beach, FL

City & State

4. FEI Number

59-3550911

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

MC GEE, DAVID L

3 WEST GARDEN STREET, SUITE 700

PENSACOLA FL

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 reinstating)

DATE

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

000003961680--0
-04/05/01--01036--011
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

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

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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]

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

Date

Daytime Phone #

CR2E083 (11/00)