

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90034 034 \*\*\*\*50.00

**DOCUMENT # M01000001001**

1. Entity Name

**ATM FINANCIAL SERVICES, LLC**

Principal Place of Business

**301 S. RICTLEY RD  
 LEESBURG FL 34748**

Mailing Address

**PO BOX 490510  
 LEESBURG FL 34748**

2. Principal Place of Business

**301 S. Rictley Rd**  
 Suite, Apt. #, etc.  
**101**

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3441051**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MOORE, VANCE  
 301 S. RICTLEY RD  
 LEESBURG FL 34748**

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

*[Handwritten 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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VANCE MOORE MGR.</b> <b>301 S. Rictley Rd</b> <b>LEESBURG, FL, 34748</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *[Handwritten Signature]* **SIGNATURE REQUIRED**

*1/17/01*

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

Date

Daytime Phone #

CR2E083 (9/01)