

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90370 015 ***150.00

DOCUMENT # P00000003212

1. Entity Name
ATM-ACCOUNTING & TAX MANAGEMENT, INC.

Principal Place of Business Mailing Address
4013 W. LINEBAUGH AVE., #101 **4013 W. LINEBAUGH AVE., #101**
TAMPA FL 33624 **TAMPA FL 33624**



DO NOT WRITE IN THIS SPACE

| | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|--------------------------------|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number | | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 59-3627798 | | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| Zip | Country | Zip | Country | | | |

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|----|----------|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | |
| PAUL, MATTHEW S 4013 W. LINEBAUGH AVE., #101 TAMPA FL 33624 | | | | 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 Matthew Paul MATTHEW S PAUL R.A. 04/21/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PAUL, MATTHEW S | NAME | |
| STREET ADDRESS | 4013 W. LINEBAUGH AVE., #101 | STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33624 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Matthew Paul MATTHEW S PAUL 04/21/01 813-961-1765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)