

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90117 039 ***150.00

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DOCUMENT # P00000019144

1. Entity Name
ATMUR, INC.



Principal Place of Business
4240 MOLOKAI DR.
NAPLES FL 34112

Mailing Address
4240 MOLOKAI DR.
NAPLES FL 34112



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3626264

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PITKIN, JERALD R ESQ
4947 TAMiami TR. N., STE. 202
NAPLES FL 34103

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PTD
HEALY, LARRY L
4240 MOLOKAI DR.
NAPLES FL 34112 ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VSD
HEALY, LILLIE L
4240 MOLOKAI DR.
NAPLES FL 34112 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PVTSD
HEALY, LILLIE L.
4240 MOLOKAI DR.
NAPLES, FL. 34112 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
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TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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:

L. SIGNATURE REQUIRED
L. Healy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/01

(941) 762-6411

Date

Daytime Phone #

CR2E034 (5/01)

Attachment
Doc # P00000000 9/14/44
Looking Glass Beauty Salon
B0000012

334 13th. Avenue South
Naples, FL. 34102

Phone (941) 262-6411

July 3, 2001

Florida Department Of State
Division Of Corporations

RE: 2001 Uniform Business Report

Dear Sirs:

Per your office's instructions, I am including this cover letter for your reference and information.

We never received any notification, or actual copy, of the enclosed "UBR" in January of this year. The enclosed copy is the only request that has been received to date. In fact, this copy is not totally correct, even though your office reports they received our corporate amendments from our attorney/registered agent. I have noted on the enclosed that Larry Healy is no longer shareholder or officer, due to retirement.

As also instructed by your office, I am enclosing our check of \$150 for the fee, since I did not receive the first notice.

Should you have any questions, do not hesitate to contact me.

Very truly yours,

Lillie L. Healy

Lillie L. Healy
President