

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State
 08-16-2001 90004 017 ***550.00

U122017 AI

DOCUMENT # P00000077918

1. Entity Name
ATEM REAL ESTATE COMPANY, INC.

Principal Place of Business
4330 DRANE FIELD RD
LAKELAND FL 33811

Mailing Address
4330 DRANE FIELD RD
LAKELAND FL 33811



2. Principal Place of Business

3. Mailing Address

999 LAKE HOLLINGSWORTH DRIVE
 Suite, Apt. #, etc.

999 LAKE HOLLINGSWORTH DRIVE
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAKELAND Florida

City & State
LAKELAND Fla.

4. FEI Number
59-3720849

Applied For
Not Applicable

Zip
33803

Country
USA

Zip
33803

Country
USA

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

KRYGER, ALLEN C
4330 DRANE FIELD RD
LAKELAND FL 33811

Name
Wesley Beck
Street Address (P.O. Box Number is Not Acceptable)

999 LAKE HOLLINGSWORTH DRIVE
City **LAKELAND** **State** **FL** **Zip Code** **33803**

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **KRYGER, ALLEN C**
STREET ADDRESS **4330 DRANE FIELD RD**
CITY-ST-ZIP **LAKELAND FL 33811**

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

TITLE **D** ☐ **Delete**
NAME **KRYGER, ROBERT A**
STREET ADDRESS **304 PALMOLA ST**
CITY-ST-ZIP **LAKELAND FL 33803**

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

TITLE **D** ☐ **Delete**
NAME **BECK, WESLEY L**
STREET ADDRESS **999 LAKE HOLLINGSWORTH DR**
CITY-ST-ZIP **LAKELAND FL 33803**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/01 **863 683-0269**
 Date Daytime Phone #

CR2E034 (5/01)