2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 05, 2002 8:00 am Secretary of State P01000033931 DOCUMENT # 1. Entity Name AFFORDABLE ATM'S, INC. 03-05-2002 90139 002 ***150.00 Mailing Address Principal Place of Business 1021 E LIVINGSTON ST 1021 E LIVINGSTON ST ORLANDO FL 32803 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address 1259 W FOREST LAKE DA 1259 W. FORGELAKE DE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3 480 Not Applicable ALT. JOKS Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent GOODSPEED. E GIVENS Street Address (P.O. Box Number is Not Acceptable) 109 E CHURCH ST 5TH FL ORLANDO FL 32801 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. (NOTE: Registered Agent signature required when rainstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. CR2E034 (9/01) Delete HIGOON DeVAGEN Z. HIGOON W Change TITI F DIDE 1259 W. FOREST LAKE PE. NAME NAME LUEBBERT, RICKY M STREET ADDRESS STREET ADDRESS 1021 E LIVINGSTON ST ALT. JPAS. FI 32714 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 ☐ Addition Change ☐ Delete TITLE TITLE NAME TSCHIRHART, ERIC NAME STREET ADDRESS STREET ADDRESS 5120 MORTIER CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32801 Delete TITLE Change Addition TITLE NAME NAME HIGDON ART, DEVAUGH L JR STREET ADDRESS STREET ADDRESS 943 NEUSE AVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32804 Change ☐ Addition TITLE Delete TITLE NAME NAME STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST-ZIP Change ☐ Addition ☐ Delete TITLE 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 SIGNATURE: