

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90457 001 ***300.00

DOCUMENT # P01000042876

1. Entity Name
ATM SERVICES INTERNATIONAL, INC.



Principal Place of Business
**3684 BALTUSROL CT.
GREEN COVE SPRINGS, FL 32043**

Mailing Address
**P O BOX 8820
ORANGE PARK, FL 32006**

66417351



2. Principal Place of Business
1728 Kingsley Ave

3. Mailing Address

Suite, Apt. #, etc.
190

Suite, Apt. #, etc.

04232004

Chg-P

CR2E034 (10/03)

City & State
Orange Park, FL

City & State

4. FEI Number
59-3718081

Applied For
Not Applicable

Zip
32073

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BLEVINS, LARRY J
3684 BALTUSROL CT.
GREEN COVE SPRINGS, FL 32043
738 Tara Farms Dr.
Middleburg, FL
32068

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Larry J. Blevins** **Larry Blevins**

4-27-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BLEVINS, LARRY**
STREET ADDRESS **3684 BALTUSROL CT.**
CITY-ST-ZIP **GREEN COVE SPRINGS, FL 32043**

TITLE **V** ☐ Delete
NAME **VILLARE, ROBERT**
STREET ADDRESS **297 WESTWOOD DR**
CITY-ST-ZIP **WOODBURY, NJ 08096**

TITLE **D** ☐ Delete
NAME **WAGNER, ROBERT**
STREET ADDRESS **2533 IRONWOOD CT.**
CITY-ST-ZIP **ORANGE PARK, FL 32065**

TITLE **D** ☐ Delete
NAME **VORHEES, TERRY**
STREET ADDRESS **1315 PARK AVE.**
CITY-ST-ZIP **ORANGE CITY, FL 32763**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **LARRY BLEVINS**
STREET ADDRESS **738 TARA FARMS DR.**
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

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

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

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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Larry J. Blevins** **Larry J. Blevins**

4-27-04

904-264-2274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #