

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90621 007 ***150.00

DOCUMENT # P01000044927

1. Entity Name
ROMAC ATM, INC.

Principal Place of Business **Mailing Address**
2911 LAURIE AVE. **2911 LAURIE AVE.**
PANAMA CITY BEACH FL 32408 **PANAMA CITY BEACH FL 32408**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
8776 **8776**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
Suite 7 **Suite 7**
City & State **City & State**
Panama City Beach, FL **Panama City Beach, FL**
Zip **Zip** **Country**
32408 **32408** **USA**

4. FEI Number **Applied For**
59-3717741 **Not Applicable**
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ROSENMARKEL, SEAN
2911 LAURIE AVE.
PANAMA CITY BEACH FL 32408

7. Name and Address of New Registered Agent
Name **N/A**
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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After May 1, 2002 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

TITLE	D <input type="checkbox"/> Delete
NAME	ROSENMARKEL, SEAN
STREET ADDRESS	2911 LAURIE AVE.
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408
TITLE	D <input type="checkbox"/> Delete
NAME	MCELREATH, MICHAEL
STREET ADDRESS	2911 LAURIE AVE.
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D/VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1831 Cincinnati Ave.
CITY-ST-ZIP	Panama City, FL 32405
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sean Rosenmarkel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02 **(850) 896-5575**
Date Daytime Phone #

CR2E034 (9/01)