

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000066215

FILED  
Sep 11, 2003  
Secretary of State

Entity Name: ATM TOOL & DIE, INC.

## Current Principal Place of Business:

141 STEVENS AVENUE, #11  
OLDSMAR, FL 34677

## New Principal Place of Business:

## Current Mailing Address:

1709 OAK POND COURT  
OLDSMAR, FL 34677

## New Mailing Address:

141 STEVENS AVE  
SUITE 11  
OLDSMAR, FL 34677

FEI Number: 59-3730719

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLARKE, ALLEN  
1709 OAK POND COURT  
OLDSMAR, FL 34677

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: CLARKE, TINA  
Address: 1709 OAK POND CT  
City-St-Zip: OLDSMAR, FL 34677

Title: P ( ) Delete  
Name: CLARKE, ALLEN  
Address: 1709 OAK POND CT  
City-St-Zip: OLDSMAR, FL 34677

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TINA CLARKE

VP

09/11/2003

Electronic Signature of Signing Officer or Director

Date