

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91612 029 \*\*\*150.00

DOCUMENT # **PO1000100814**  
1. Entity Name  
**ATOM TELECOM, INC.**

**DO NOT WRITE IN THIS SPACE**

**043166**

2. Principal Place of Business  
**101 N. Garden Ave Ste 100**  
Suite, Apt. # etc.

3. Mailing Address  
**101 N. Garden Ave Ste 100**  
Suite, Apt. #, etc.

**DO NOT WRITE IN THIS SPACE**

City & State  
**Clearwater, Florida**

City & State  
**Clearwater, Florida**

4. FEI Number  
**59-3750254**

Applied for  
☐ Not Applicable

Zip  
**33755**

Country  
**U.S.A.**

Zip  
**33755**

Country  
**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Daniel Lorch**

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

**311 Jefferson Avenue North**

City

**Clearwater**

**FL**

Zip Code  
**33755**

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	PSTD <input type="checkbox"/> Delete
NAME	<b>Daniel Lorch</b>
STREET ADDRESS	<b>311 Jefferson Avenue North</b>
CITY-ST-ZIP	<b>Clearwater, Florida 33755</b>
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE**

**IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

**Atom Telecom, Inc.**

SIGNATURE:

By:

*Daniel Lorch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Daniel Lorch**

Date

**4/18/02**

**(727) 448-0910**

Daytime Phone #