

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90131 014 \*\*\*158.75

DOCUMENT # P02000001698

1. Entity Name  
ATMS, INC. OF SO. FLORIDA



Principal Place of Business  
4280 E. TAMiami TRAIL  
102  
NAPLES FL 34112

Mailing Address  
4280 E. TAMiami TRAIL  
102  
NAPLES FL 34112



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERTEL, DORIS  
5361 CORAL WOOD DR.  
NAPLES FL 34119

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE-NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>President</b>	<input type="checkbox"/> Delete
NAME	HERTEL, DORIS	
STREET ADDRESS	5361 CORAL WOOD DR.	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	<b>V.P.</b>	<input type="checkbox"/> Delete
NAME	HERTEL, DENIS	
STREET ADDRESS	5361 CORAL WOOD DR.	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	<b>Director</b>	<input type="checkbox"/> Delete
NAME	HERTEL, ALYSHA S	
STREET ADDRESS	5361 CORAL WOOD DR.	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	RICHARD, BOWSER	
STREET ADDRESS	5600 14TH AVE. S.W.	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	DAVID, BOWSER G	
STREET ADDRESS	5600 14TH AVE. S.W.	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	DANIEL, VALDEZ	
STREET ADDRESS	5361 CORAL WOOD DR.	
CITY-ST-ZIP	NAPLES FL 34119	

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	
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	

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

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CR2E034 (10/02)