

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2003 8:00 am
Secretary of State
07-11-2003 90050 022 ***158.75

0133203 AT

DOCUMENT # P02000061714

1. Entity Name
A T C MARKETING COMPANY, INC.



Principal Place of Business
**15911 LAKE IOLA RD.
DADE CITY FL 33523**

Mailing Address
**15911 LAKE IOLA RD.
DADE CITY FL 33523**

2. Principal Place of Business
13151 14 ST
Suite, Apt. #, etc.

3. Mailing Address
P O Box 986
Suite, Apt. #, etc.

City & State
Dade City FL
Zip
33525 Country
USA

City & State
Dade City FL
Zip
33526 Country
USA

4. FEI Number
03-0471330

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

**FAGAN, JOSEPH M JR.
15911 LAKE IOLA RD.
DADE CITY FL 33523**

7. Name and Address of New Registered Agent

Name
Lynanne Lawhead
Street Address (P.O. Box Number is Not Acceptable)
13151 14 ST
City
Dade City FL Zip Code
33525

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 Lynanne Lawhead (Lynanne Lawhead)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE
7/9/03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/ President Cic Woodland 6517 Chippendale Rd Lakeland, FL 33809	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Treasurer Lynanne Lawhead 13151 14 St Dade City, FL 33525	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/03
Date

352/588-1131
Daytime Phone #

CR2E034 (4/03)