

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000016694

1. Entity Name

ATOMIC VENDING CORPORATION

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90045 050 \*\*\*150.00

80000001



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1815 PRIMROSE LANE  
WELLINGTON FL 33414

1815 PRIMROSE LANE  
WELLINGTON FL 33414-8693

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0395620

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent -

7. Name and Address of New Registered Agent

SIEGEL, LESLIE P  
1815 PRIMROSE LANE  
WELLINGTON FL 33414

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.

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) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME             | STREET ADDRESS     | CITY-ST-ZIP         | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------------------|--------------------|---------------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| D     | SIEGEL, LESLIE P | 1815 PRIMROSE LANE | WELLINGTON FL 33414 | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| VT    | SIEGEL, BARBARA  | 1815 PRIMROSE LN   | WELLINGTON FL 33414 | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |                  |                    |                     | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |                  |                    |                     | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |                  |                    |                     | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |                  |                    |                     | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |                  |                    |                     | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00

Date

561-798-5557

Daytime Phone #