

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000016667

1. Entity Name  
ATM SCRIP TO CASH SYSTEMS, INC.Principal Place of Business  
7 BERMUDA LAKE DR.  
PALM BEACH GARDENS FL 33418Mailing Address  
4262 NORTH LAKE BLVD  
210  
WEST PALM BEACH FL 334102. Principal Place of Business  
7 BERMUDA LAKE DRIVE

Suite, Apt. #, etc.

City & State  
PALM BEACH GARDENS, FL

Zip 33418 Country USA

FILED  
May 22, 2002 8:00 am  
Secretary of State

05-22-2002 90125 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0478775 Applied For  
Not Applicable5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

KAUFMAN, AARON  
7 BERMUDA LAKE DR.  
PALM BEACH GARDENS FL 33418

## 7. Name and Address of New Registered Agent

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, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE P KAUFMAN, AARON  
NAME  
STREET ADDRESS 7 BERMUDA LAKE DR.  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418 Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P.T.S KAUFMAN, AARON  
NAME  
STREET ADDRESS 7 BERMUDA LAKE DRIVE  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 Change AdditionTITLE VPS KAUFMAN, EDITH  
NAME  
STREET ADDRESS 7 BERMUDA LANE DRIVE  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418 DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change 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:

4/23/02

(561) 630-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)