

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000037908

1. Entity Name

ATM INNOVATIONS INC.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90051 037 \*\*\*150.00

Principal Place of Business

Mailing Address

~~648-1 ANCHORS-ST~~  
~~FT WALTON BEACH FL 32548~~  
~~US~~

*CLOSED*  
*OK*

~~648-1 ANCHORS-ST~~  
~~FT WALTON BEACH FL 32548~~  
~~US~~

2. Principal Place of Business

3. Mailing Address

*6666 NAVARRE PARKWAY*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*PMB - 108*

City & State

City & State

*NAVARRE*

*FL*

Zip

Country

Zip

*32566-8819*

Country

4. FEI Number

*59-3312612*

Applied For

Not Applicable

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

HENTON, DAVID E  
~~648-1 ANCHORS STREET~~  
~~FORT WALTON BEACH FL 32549~~

*7002* →

Name *DAVID HENTON*

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

*7002 TURNBERRY CIRCLE*

City

*NAVARRE*

*FL*

Zip Code

*32566-8819*

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

*David Henton*

*1-17-00*

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 ☐ Delete  
NAME *P*  
STREET ADDRESS *HENTON, DAVID*  
CITY-ST-ZIP *7002 TURNBERRY CT.*  
*NAVARRE FL 32566-8819*

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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

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:

*David Henton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-17-00*

Date

*850-830-1738*

Daytime Phone #