

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 8:00 am  
Secretary of State

04-25-2001 90010 049 \*\*\*150.00

DOCUMENT # P96000089917

1. Entity Name

CU SHARED ATM SERVICES, INC.

Principal Place of Business

3695 N. "L" STREET  
PENSACOLA FL 32505

Mailing Address

3695 N. "L" STREET  
PENSACOLA FL 32505

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 59-3409459

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

WERNICKE, PATRICIA L  
3695 N. "L" STREET  
PENSACOLA FL 32505

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	BRAMLETTE, GARY	
STREET ADDRESS	6200 NORTH "W" ST.	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	D	<input type="checkbox"/> Delete
NAME	WERNICKE, PATRICIA L	
STREET ADDRESS	3695 N. "L" STREET	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEMMING, LUCY	
STREET ADDRESS	108 SOUTH REUS ST.	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOY, ROBERTA	
STREET ADDRESS	308 N. SPRING ST.	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENE, CARYL A	
STREET ADDRESS	64 SOUTH REUS ST.	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEHARG-BROWN, EVELYN	
STREET ADDRESS	480 HIGHWAY 29 SOUTH	
CITY-ST-ZIP	CANTONMENT FL 32533	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peggy Lents
STREET ADDRESS	308 N. Spring Street
CITY-ST-ZIP	Pensacola, FL 32501
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allen Upchurch
STREET ADDRESS	480 Highway 29 South
CITY-ST-ZIP	Cantonment, FL 32533
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Davis
STREET ADDRESS	1495 E. Nine Mile Rd.
CITY-ST-ZIP	Pensacola, FL 32514
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerald McArthur
STREET ADDRESS	220 E. Nine Mile Rd.
CITY-ST-ZIP	Pensacola, FL 32534
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phil Pridgen
STREET ADDRESS	5909 N. Stewart St.
CITY-ST-ZIP	Milton, FL 32570
TITLE	<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

2/22/01

Date

(850) 432-8321

Phone #

CR2E034 (10/00)