

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91599 018 ***550.00

DOCUMENT # **P96000089917** ✓

1. Entity Name

CU Shared ATM Services

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3695 North L Street

3. Mailing Address

3695 North L Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pensacola, FL

City & State

Pensacola, FL

4. FEI Number

59-3409459

Applied For

Not Applicable

Zip

32505

Country

Zip

32505

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Patricia L. Wernicke**

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

3695 North L Street

City **Pensacola**

FL

Zip Code
32505

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

****SEE ATTACHED****

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/24/02 (850) 432-8371

CR2E034B (12/01)

Attachment # P96000089917
674083

OFFICERS AND DIRECTORS

Title: P
Name: Patricia L. Wernicke
Street Address: 3695 North L Street
City-St-Zip: Pensacola, FL 32505

Title: V
Name: Gary Bramlette
Street Address: 6200 North W Street
City-St-Zip: Pensacola, FL 32505

Title: T
Name: Lucy Hemming
Street Address: 108 South Reus Street
City-St-Zip: Pensacola, FL 32501

Title: S
Name: Allen Upchurch
Street Address: 480 Highway 29 South
City-St-Zip: Pensacola, FL 32533

Title: D
Name: Caryl Greene
Street Address: 64 South Reus Street
City-St-Zip: Pensacola, FL 32501

Title: D
Name: Phillip Pridgen
Street Address: 5909 Stewart Street
City-St-Zip: Milton, FL 32572

Title: D
Name: John Davis
Street Address: 1495 E. Nine Mile Road
City-St-Zip: Pensacola, FL 32514

Title: D
Name: Vonda Phetteplace
Street Address: 308 North Spring Street
City-St-Zip: Pensacola, FL 32501

Title: D
Name: Chris Rutledge
Street Address: 220 E. Nine Mile Road
City-St-Zip: Pensacola, FL 32534