

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90227 041 ***150.00

DOCUMENT # P97000105050

1. Entity Name

ATM INDUSTRIES, INC.

Principal Place of Business

815 CYPRESS VILLAGE BLVD.
 STE B
 RUSKIN FL 33573
 US

Mailing Address

815 CYPRESS VILLAGE BLVD.
 STE B
 SUN CITY CENTER FL 33571-6725
 US

659910

2. Principal Place of Business

175 Passage Dr.
 Suite, Apt. #, etc.

3. Mailing Address

175 Passage Dr.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Orange Park FL

Zip
 32003

Country
 USA

City & State
 Orange Park, FL

Zip
 32003

Country
 USA

4. FEI Number 59-3487845

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENELLI, ROSEMARY
 815 CYPRESS VILLAGE WAY
 STE B
 RUSKIN FL 33573

7. Name and Address of New Registered Agent

Name Larry J. Blevins

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

175 Passage Dr.

City Orange Park

FL Zip Code 32003

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 *Larry J. Blevins*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-26-01

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

TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BENELLI, ROSEMARY	
STREET ADDRESS	815 CYPRESS VILLAGE BLVD., STE B	
CITY-ST-ZIP	RUSKIN FL 33573	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	Larry J. Blevins	
STREET ADDRESS	175 Passage Dr.	
CITY-ST-ZIP	Orange Park FL 32003	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry J. Blevins	
STREET ADDRESS	175 Passage Dr.	
CITY-ST-ZIP	Orange Park, FL 32003	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Larry J. Blevins*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 904-215-1425
 Date Daytime Phone #

CR2E034-19991