

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90723 001 ***300.00

DOCUMENT # P97000105050

1. Entity Name
ATM INDUSTRIES, INC.

Principal Place of Business

**175 PASSAGE DR
 ORANGE PARK FL 32003
 US**

Mailing Address

**175 PASSAGE DR
 ORANGE PARK FL 32003
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3684 Baltusrol Ct

Suite, Apt. #, etc.

City & State

Green Cove Springs, FL

Zip

32043

Country

USA

3. Mailing Address

P.O. Box 250

Suite, Apt. #, etc.

City & State

Orange Park, FL

Zip

32067-0250

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

**BLEVINS, LARRY J
 175 PASSAGE DR
 ORANGE PARK FL 32003**

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 *Larry J. Blevins*

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

Larry J. Blevins - Pres.

(NOTE: Registered Agent signature required when reinstating)

4-28-02

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	P BLEVINS, LARRY J
STREET ADDRESS	175 PASSAGE DR 3684 Baltusrol Ct
CITY-ST-ZIP	ORANGE PARK FL 32003 32043 Green Cove Springs FL
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP Robert V. Harte
STREET ADDRESS	297 Westwood Dr.
CITY-ST-ZIP	Woodbury, NJ 08096
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIR Robert Wagner
STREET ADDRESS	2533 Ironwood Ct
CITY-ST-ZIP	Orange Park FL 32065
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Treas Kevin Monahan
STREET ADDRESS	1207 Lake Pt. Pl.
CITY-ST-ZIP	Orange Park, FL 32073
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIR Charles Ware Jr.
STREET ADDRESS	4338 W. Hinsdale Ave
CITY-ST-ZIP	Littleton, Co 80128
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEC LISA REGAN
STREET ADDRESS	130 RAIN TREE TRAIL
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIR Terry Vorhees
STREET ADDRESS	1315 Park Ave
CITY-ST-ZIP	Orange City, FL 32763

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* **LARRY BLEVINS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02
 Date

904-529-7885
 Daytime Phone #

CR2E034 (9/01)