

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90953 001 ***300.00

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DOCUMENT # P97000105050

1. Entity Name
ATM INDUSTRIES, INC.



Principal Place of Business
**3684 BALTUSROL CT.
GREEN COVE SPRINGS FL 32043
US**

Mailing Address
**PO BOX 250
ORANGE PARK FL 32067-0250
US**

55034482



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
P.O. Box 8820
Suite, Apt. #, etc.
City & State
Orange Park, FL
Zip Country
32006 US

☒ CHECK HERE IF MAKING CHANGES

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 3684 Baltusrol Ct
ORANGE PARK FL 32003 Green Cove Springs, FL 32043

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Larry J Blevins*
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLEVINS, LARRY J		NAME	Terry Vorhees	
STREET ADDRESS	3684 BALTUSROL CT.		STREET ADDRESS	1315 Park Ave	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043		CITY-ST-ZIP	Orange City, FL 32763	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLARE, ROBERT		NAME		
STREET ADDRESS	297 WESTWOOD DR.		STREET ADDRESS		
CITY-ST-ZIP	WOODBURY NJ 08096		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, ROBERT		NAME		
STREET ADDRESS	2533 IRONWOOD CT.		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32065		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONAHAN, KEVIN		NAME		
STREET ADDRESS	1207 LAKE PT. PL.		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32073		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARE, CHARLES JR.		NAME		
STREET ADDRESS	4338 W HINSDALE AVE.		STREET ADDRESS		
CITY-ST-ZIP	LITTLETON CO 80128		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGAN, LISA		NAME		
STREET ADDRESS	130 RAIN TREE TRAIL		STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33458		CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Larry J Blevins* **LARRY J. BLEVINS** **4-24-03** **904-813-1242**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)