

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0087449 AV

DOCUMENT # P98000024377

1. Entity Name
ATM PROCESSING SERVICES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 21 AM 9:46

Principal Place of Business
33 S.E. 1ST AVE
#102
DELRAY BEACH FL 33444

Mailing Address
33 S.E. 1ST AVE
#102
DELRAY BEACH FL 33444

2. Principal Place of Business
620 NW 35th St.
Suite, Apt. #, etc.

3. Mailing Address
620 NW 35th St.
Suite, Apt. #, etc.

REINSTATEMENT 03

☐ CHECK HERE IF MAKING CHANGES

City & State
BOCA RATON FL
Zip 33431 Country USA

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BOCA RATON FL
Zip 33431 Country USA

4. FEI Number 52-2089004

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

R
CHIARENZA, GINNA
3430 SAN BERNADINO DR
DELRAY BEACH FL 33445

Name
Street Address (P.O. Box Number is Not Acceptable)
100023417571
09/30/03 01014 025 **250.00
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 *[Signature]* DATE 10-13-03
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003-Fee will be \$750.00
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
NAME	CHIARENZA, GINNA	
STREET ADDRESS	3430C SAN BERNADINO DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
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		

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINNA CHIARENZA	
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.25.03

Date Daytime Phone #

CR2E034 (4/03)