

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026458

1. Entity Name

ATS PAYPHONES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90019 014 ***150.00

Principal Place of Business

Mailing Address

3901 INDUSTRY BOULEVARD
 SUITE 1
 LAKELAND FL 32811-1386
 US

P O BOX 7075
 LAKELAND FL 33807-7075
 US

2. Principal Place of Business

725 Creative Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite A-24

Suite, Apt. #, etc.

City & State
 Lakeland, Florida

City & State

4. FEI Number **59-3502599**

Applied For

Not Applicable

Zip
 33813-2504

Country
 Poik US

Zip

Country

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

SEYFER, AL
 6590 CRESCENT LAKE DRIVE
 LAKELAND FL 33813-4657

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

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **SEYFER, AL**
 STREET ADDRESS **6590 CRESCENT LAKE DRIVE**
 CITY-ST-ZIP **LAKELAND FL 33813-4651**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **SEYFER, BETTY**
 STREET ADDRESS **6590 CRESCENT LAKE DRIVE**
 CITY-ST-ZIP **LAKELAND FL 33813-4651**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)