

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000018668

Entity Name  
UNCOAST ATM SERVICES, INC.



Principal Place of Business  
2245 GLENN DRIVE  
SAFETY HARBOR, FL 34695

Mailing Address  
2245 GLENN DRIVE  
SAFETY HARBOR, FL 34695



01112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3559856	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

FOLLERT, GARY F  
2245 GLENN DRIVE  
SAFETY HARBOR, FL 34695

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

000000397661

01/30/06-80098-022 150.00

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**OFFICERS AND DIRECTORS**

NAME	PD
ADDRESS	FOLLERT, GARY
ST-ZIP	2245 GLENN DRIVE
	SAFETY HARBOR, FL 34695
NAME	
ADDRESS	
ST-ZIP	
NAME	
ADDRESS	
ST-ZIP	
NAME	
ADDRESS	
ST-ZIP	
NAME	
ADDRESS	
ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Gary Follert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-06  
Date

727-725-2109  
Daytime Phone #