

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000071649**

1. Entity Name

ATPS ENTERPRISES, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90313 005 ***150.00

Principal Place of Business

**528 SABAL PALM CIR.
ALTAMONTE SPRINGS FL 32701**

Mailing Address

**528 SABAL PALM CIR.
ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business

1900 SUMMIT BLVD
Suite, Apt. #, etc.
235

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

Zip

32810

Country

ORANGE

Zip

Country

4. FEI Number

59-3599934

Applicable

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCCULLOUGH, TIMOTHY
528 SABAL PALM CIR.
ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 of authorized officer or registered agent and holder of application

(NOTE: Registered Agent's signature required when not listing)

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, 2001 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 ☐ Delete
NAME **D**
STREET ADDRESS **MCCULLOUGH, TIMOTHY**
CITY-STATE-ZIP **528 SABAL PALM CIR.
ALTAMONTE SPRINGS FL 32701**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **KING, ANDRITA D**
CITY-STATE-ZIP **1831 APPLE WOOD CT.
ORLANDO FL 32818**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental record 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 637, 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

4/19/01 **407-659-0747**

CR2E034 (10/00)