

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91659 001 ***213.00

DOCUMENT # **P990000071649**

1. Entity Name

ATPS ENTERPRISES INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 S. ORANGE AVE

Suite, Apt. #, etc.

SUITE 1500 PMB 140030

City & State

ORLANDO FL

Zip

32801

Country

USA

3. Mailing Address

300 S. ORANGE AVE

Suite, Apt. #, etc.

SUITE 1500 PMB 140030

City & State

ORLANDO FL

Zip

32801

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3599934

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

TIMOTHY D. McCULLOUGH

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

528 SABAL PALM CIR

City

ALTAMONT

FL

Zip Code

32701

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)

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **PRESIDENT**
NAME **TIMOTHY D. McCULLOUGH**
STREET ADDRESS **528 SABAL PALM CIR.**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **SECRETARY**
NAME **MARQUEBA CARLISLE**
STREET ADDRESS **1505 W. 75TH ST APT 415**
CITY-ST-ZIP **SANFORD FL 32771**

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**DO NOT WRITE
IN THIS SPACE**

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 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 #

CR2E034B (12/01)