

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90179 037 ***150.00

STATE OF FLORIDA

DOCUMENT # V44961

1. Entity Name
ATEM HOLDINGS, INC.

Principal Place of Business
**4330 DRANE FIELD ROAD
 LAKELAND FL 33811**

Mailing Address
**4330 DRANE FIELD ROAD
 LAKELAND FL 33811**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
999 Lake Hollingsworth
 Suite, Apt. #, etc.

3. Mailing Address
999 Lake Hollingsworth
 Suite, Apt. #, etc.

City & State
LAKELAND Fla.

City & State
LAKELAND Fla.

Zip
33803

Country
USA

Zip
33803

Country
USA

4. FEI Number
59-3129690

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KRYGER, ALLEN C.
999 LAKE HOLLINGSWORTH DR
LAKELAND FL 33803

7. Name and Address of New Registered Agent

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 _____ (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, 2002 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	D <input type="checkbox"/> Delete
NAME	KRYGER, ALLEN C.
STREET ADDRESS	999 LAKE HOLLINGSWORTH DR
CITY-ST-ZIP	LAKELAND FL
TITLE	O <input type="checkbox"/> Delete
NAME	BECK, WESLEY
STREET ADDRESS	2209 NEVADA ROAD
CITY-ST-ZIP	LAKELAND FL
TITLE	O <input type="checkbox"/> Delete
NAME	KRYGER, ROBERT
STREET ADDRESS	301 PALMOLA ST.
CITY-ST-ZIP	LAKELAND FL
TITLE	O <input type="checkbox"/> Delete
NAME	BECK, MAYA
STREET ADDRESS	2209 NEVADA ROAD
CITY-ST-ZIP	LAKELAND FL
TITLE	O <input type="checkbox"/> Delete
NAME	KRYGER, JUDY
STREET ADDRESS	1806 SEMINOLE TRAIL
CITY-ST-ZIP	LAKELAND FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3525 BARLEY LAKE
STREET ADDRESS	LAKELAND FL 33803
CITY-ST-ZIP	LAKELAND FL 33803
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	999 LAKE HOLLINGSWORTH DRIVE
STREET ADDRESS	LAKELAND FL 33803
CITY-ST-ZIP	LAKELAND FL 33803
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	419 LAKE HOLLINGSWORTH DRIVE
STREET ADDRESS	LAKELAND FL 33803
CITY-ST-ZIP	LAKELAND FL 33803
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	999 LAKE HOLLINGSWORTH DRIVE
STREET ADDRESS	LAKELAND FL 33803
CITY-ST-ZIP	LAKELAND FL 33803
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	419 LAKE HOLLINGSWORTH
STREET ADDRESS	LAKELAND FL 33803
CITY-ST-ZIP	LAKELAND FL 33803
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: _____ DATE: **4/15/02** DAYTIME PHONE #: **8636830269**

CFR2E034 (9/01)