

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**  
 04-16-2002 90179 037 \*\*\*150.00

NOTARY  
 AV

**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.**  
 Zip  
**33803**  
 Country  
**USA**

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**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 \_\_\_\_\_  
 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, 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KRYGER, ALLEN C.</b>
STREET ADDRESS	<b>999 LAKE HOLLINGSWORTH DR</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>
TITLE	<b>O</b> <input type="checkbox"/> Delete
NAME	<b>BECK, WESLEY</b>
STREET ADDRESS	<b>2209 NEVADA ROAD</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>
TITLE	<b>O</b> <input type="checkbox"/> Delete
NAME	<b>KRYGER, ROBERT</b>
STREET ADDRESS	<b>301 PALMOLA ST.</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>
TITLE	<b>O</b> <input type="checkbox"/> Delete
NAME	<b>BECK, MAYA</b>
STREET ADDRESS	<b>2209 NEVADA ROAD</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>
TITLE	<b>O</b> <input type="checkbox"/> Delete
NAME	<b>KRYGER, JUDY</b>
STREET ADDRESS	<b>1806 SEMINOLE TRAIL</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>
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	<b>3525 Bailey Lane</b>
STREET ADDRESS	<b>LAKELAND FL 33803</b>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>999 Lake Hollingsworth Drive</b>
STREET ADDRESS	<b>LAKELAND FL 33803</b>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>419 Lake Hollingsworth Drive</b>
STREET ADDRESS	<b>LAKELAND FL 33803</b>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>999 Lake Hollingsworth Drive</b>
STREET ADDRESS	<b>LAKELAND FL 33803</b>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>419 Lake Hollingsworth</b>
STREET ADDRESS	<b>LAKELAND FL 33803</b>
CITY-ST-ZIP	
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/02** **8636830269**  
 Date Daytime Phone #

CR2E034 (9/01)