

ORIGINAL 041199-TC

500 OCT 14 2004

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CK# 2676
Ch \$ 100.00
10-7-04
RT

1. Name of company or name of individual (not fictitious name or d/b/a):
Florida ATM Management, Inc.

2. Name under which applicant will do business (fictitious name, etc.):

3. Official mailing address:
Street: 3348 Edgewater Drive
P.O. Box: _____
City: Orlando
State: FL Zip: 32804

4. Florida address:
Street: 3348 Edgewater Drive
P.O. Box: _____
City: Orlando
State: FL Zip: 32804

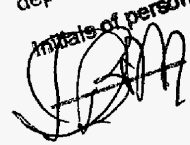
5. Structure of organization:
 Individual
 Corporation
 General Partnership
 Limited Partnership
 Other: _____

6. If incorporated in Florida, provide proof of authority to operate in Florida:
Florida Secretary of State
Corporate Registration Number: P01000081850

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- RCA _____
- SCR _____
- SEC 1
- OTH _____

Form PSC/CMU-32 (02/99)
Required by Commission Rule Nos. 25-24.510 & 25-24.511
File Name: cmu-32.doc

Check received with filing and forwarded
to Fiscal for deposit. Fiscal to forward
deposit information to Records.

Initials of person who forwarded check:


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OCT 14 AM 8:51
COMMISSION CLERK

DOCUMENT NUMBER-DATE
11062 OCT 14 04
FPSC-COMMISSION CLERK