

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90124 016 \*\*\*150.00

0954931 AR

DOCUMENT # F01000001167



1. Entity Name  
AMERICAN TRANSBRIDGE CORPORATION

Principal Place of Business  
ONE HARBOR STREET  
SAVANNAH GA 31401

Mailing Address  
PO BOX 2253  
SAVANNAH GA 31402

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 57-0519760

Applied For

Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHULER, ROBERT C  
2085 TALLEYRAND AVE.  
JACKSONVILLE FL 32206

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert C Schuler* Robert C Schuler, Director of Operations 4/9  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P MAYFIELD, E. GAY ONE HARBOR ST. SAVANNAH GA 31401	<input type="checkbox"/>		
V PEEPLES JR, FRANK K ONE HARBOR ST. SAVANNAH GA 31401	<input type="checkbox"/>		
S COX, ANN P ONE HARBOR ST. SAVANNAH GA 31401	<input type="checkbox"/>		
T BENTON, JOHN R ONE HARBOR ST. SAVANNAH GA 31401	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ann P Cox* Ann P Cox 3/25/03 912-239-1331  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Date Daytime Phone #

CR2E034 (10/02)