

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

FILED
Apr 29, 2004 08:00 AM
Secretary of State

ATX1

DOCUMENT # P99000053054	
1. Entity Name	
ATLANTIC TRUCKING & TRANSPORTATION	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1160 PARKSIDE DRIVE		3. Mailing Address 1160 PARKSIDE DRIVE	
Suite, Apt. #, etc. UNIT D		Suite, Apt. #, etc. UNIT D	
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH	
Zip 33415	Country	Zip 33415	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1107490		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name D'ALESSANDRO, ALEX J.	
Street Address (P.O. Box Number is Not Acceptable) 1160 PARKSIDE GREEN DRIVE	
UNIT D	
City WEST PALM BEACH	FL Zip Code 33415

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D'ALESSANDRO, ALEX J. 1160 PARKSIDE GREEN DRIVE #D WEST PALM BEACH FL 33415	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000138046 04/29/04-80063-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D'ALESSANDRO, LORETHA 1160 PARKSIDE GREEN DRIVE # D WEST PALM BEACH FL 33415	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Alex J. D'Alessandro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/04

Daytime Phone #

561-684-2885