

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 612831

1. Entity Name

AMERICAN TRANSPORTATION SPECIALIST, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90008 008 ***150.00

Principal Place of Business Mailing Address
1300 FRANCH AVENUE, FARMERS MARKET 1300 FRANCH AVENUE, FARMERS MARKET
P.O. BOX 1451 P.O. BOX 1451
SANFORD1.EFLFL 32771 SANFORD1.EFLFL 32772-1451

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 59-1896434

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JUSTICE, J.T.
1300 FRENCH AVENUE, FARMERS MARKET
SANFORD FL

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME JUSTICE, J.T.
STREET ADDRESS 1300 FRENCH AVE
CITY-ST-ZIP SANFORD FL

☐ Delete

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STREET ADDRESS
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☐ Change ☐ Addition

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:

J.T. Justice
[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

3-6-2000

Date

Daytime Phone #

CR2E034 (9/99)