

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000000751

1. Entity Name
AMERICAN TRANSPORTATION MARKETING GROUP, LTD.



FILED
03 APR -3 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
225 WATER STREET, SUITE 1250
JACKSONVILLE FL 32202

Mailing Address
P.O. BOX 331545
ATLANTIC BEACH FL 32233

2. Principal Place of Business
10151 OBERWOOD PARK BLVD.

3. Mailing Address
Suite, Apt. #, etc.

Suite, Apt. #, etc.
BUILDING 200, STE 250

City & State
JACKSONVILLE FL

City & State

Zip
32256

Country
USA

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GREEN, MARK
136 EAST BAY STREET
JACKSONVILLE FL 32202

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

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$50,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P02000024200
NAME AMERICAN TRANSPORTATION MARKETING GRP, INC
STREET ADDRESS 225 WATER STREET, SUITE 1250
CITY-ST-ZIP JACKSONVILLE FL 32202

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Donald M. Wolfson 2/1/03 904-371-8210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0006495 AT

CR2E003 (10/02)