

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90060 015 ***150.00

0622460 AT

DOCUMENT # F01000001167

1. Entity Name
AMERICAN TRANSBRIDGE CORPORATION

Principal Place of Business

Mailing Address

ONE HARBOR STREET
SAVANNAH GA 31401

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**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHULER, ROBERT C
5051 PROPELLER DR.
JACKSONVILLE FL 32220

Name

Street Address (P.O. Box Number is Not Acceptable)

2085 Talleyrand Ave.

City

Jacksonville

FL

Zip Code

32206

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **MAYFIELD, E. GAY**
 CITY-ST-ZIP **ONE HARBOR ST. SAVANNAH GA**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **31401**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **PEEPLER JR, FRANK K**
 CITY-ST-ZIP **ONE HARBOR ST. SAVANNAH GA**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **31401**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **COX, ANN P**
 CITY-ST-ZIP **ONE HARBOR ST. SAVANNAH GA**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **31401**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **BENTON, JOHN R**
 CITY-ST-ZIP **ONE HARBOR ST. SAVANNAH GA**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **31401**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Anna P. Cox, Secretary
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02 **912-239-1331**
 Date Daytime Phone #

CR2E034 (9/01)