

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90020 030 \*\*\*\*50.00

DOCUMENT # L02000035122

1. Entity Name

ADVANCED TRANSIT O&M SERVICES LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5489 River Trail Road North

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville FL 32277

City & State

4. FEI Number

43-2010315

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

Zip

32277

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

William P. Showalter

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

5489 RIVER TRAIL ROAD NORTH

JACKSONVILLE

City

FL

Zip Code

32277

**DO NOT WRITE  
IN THIS SPACE**

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

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE: ~~Managing Member~~ PRINCIPAL  
NAME: William P. Showalter  
STREET ADDRESS: 5489 River Trail Road North  
CITY-ST-ZIP: Jacksonville FL 32277

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

**DO NOT WRITE  
IN THIS SPACE**

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*William P. Showalter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/01/03

Date

904-744-2081

Daytime Phone #

CR2E083B (12/02)