

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 06, 2001 8:00 am  
Secretary of State

03-06-2001 90344 036 \*\*\*150.00

DOCUMENT # M85059

1. Entity Name

ASSOCIATED TRANSPORTATION SERVICES, INC.

Principal Place of Business

Mailing Address

16520 S. TAMiami TR STE 203  
FT. MYERS FL 33908

16520 S. TAMiami TR STE 203  
FT. MYERS FL 33908  
US

NEW ADDRESSES

2. Principal Place of Business

3. Mailing Address

17561 TAYLOR DR. SW.

17561 TAYLOR DR. SW.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT MYERS, FL

City & State

FT MYERS, FL

Zip

33908

Country

LEE

Zip

33908

Country

LEE

4. FEI Number

65-0003924

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

CHUFFO, JAMES E  
16520 S. TAMiami TR STE 203  
FT MYERS FL 33908

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVST  
CHUFFO, JAMES E  
17561 TAYLOR DR  
FORT MYERS FL 33908 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/01 941-433-3956  
Date Daytime Phone #

CR2E034 (10/00)