

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 11, 2002 8:00 am**  
**Secretary of State**

07-11-2002 90244 043 \*\*\*150.00

**DOCUMENT # M85059**

1. Entity Name  
**ASSOCIATED TRANSPORTATION SERVICES, INC.**

Principal Place of Business

17561 TAYLOR DR S.W.  
 FORT MYERS FL 33908

Mailing Address

17561 TAYLOR DR S.W.  
 FORT MYERS FL 33908  
 US

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 **65-0003924**

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

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

7. Name and Address of New Registered Agent

Name **Marla Liguori**  
 Street Address (P.O. Box Number is Not Acceptable)  
**17376 Oriole Road**  
**Fort Myers, FL 33912**  
 City **FL** Zip Code **33912**

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

*Marla Liguori* **Marla Liguori, President**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME **President, Secretary, Treasurer**  
 STREET ADDRESS **Marla Liguori**  
 CITY-ST-ZIP **17376 Oriole Road**  
**Fort Myers, FL 33912** ☐ Change ☐ Addition

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

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

TITLE ☐ Change ☐ Addition  
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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:

*Marla Liguori* **Marla Liguori, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

*Abstract*  
*80128757*



**ASSOCIATED TRANSPORTATION SERVICES, INC.**  
**FREIGHT CONTRACTORS**

Headquarters 239-433-3956  
Fax 239-437-4339

17561 Taylor Drive SW, Fort Myers, FL 33908

Bonded, Licensed & Insured  
MC 205270 (B)

July 8, 2002

Florida-Department of State  
Katherine Harris  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

Document M85059

RE: 2002 UBR

We recently received notice of the 2002 Uniform Business Report and immediately contacted your office in regards to the \$400 late fee. This is the first request Associated Transportation Services, Inc received this year and feel that is due to an incorrect address for the Current Registered Agent and ask that the late fee be waived.

The correct name and address for the current registered agent is:

Marla Liguori  
17376 Oriole Road  
Fort Myers, Fl 33912

Any questions, please call 239-433-3956. Thank you for your consideration.

Sincerely,

Marla Liguori  
President