

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2001 8:00 am
Secretary of State

07-26-2001 90005 007 ***150.00

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DOCUMENT # P00000002647

1. Entity Name

ADVANCED TRANSPORTATION SERVICES, INC.

Principal Place of Business

765 NURSERY LANE
NAPLES FL 34119

Mailing Address

765 NURSERY LANE
NAPLES FL 34119

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

59-362 4176

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NELSON, R. KEVIN
765 NURSERY LANE
NAPLES FL 34119

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.

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 \$550.00
After September 12, 2001 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 D
NAME NELSON, R. KEVIN
STREET ADDRESS 765 NURSERY LANE
CITY-ST-ZIP NAPLES FL 34119

TITLE D
NAME NELSON, MARGARITA M
STREET ADDRESS 765 NURSERY LANE
CITY-ST-ZIP NAPLES FL 34119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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)(j), 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: *R. Kevin Nelson* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/01

Date

941-455-4045

Daytime Phone #

CR2E034 (5/01)

Attachment

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

July 16, 2001


#P00000002647
773844

To whom it may concern,

As per our telephone conversation and at your direction, I am sending this letter to confirm to you that the 2nd Uniform Business Report (UBR) was the first one I received. I have completed the form and I am enclosing our check for \$150.00 for the year 2001.

Thank you for your assistance and expeditious manner in handling this situation.

Regards,



R. Kevin Nelson, President
Advanced Transportation Services, Inc.
765 Nursery Lane
Naples, FL 34119
Phone: 941-455-4045