

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90322 018 \*\*\*150.00

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**DOCUMENT # P00000004051**

1. Entity Name  
**AMERICAN TRANSMISSION OF ST. AUGUSTINE, INC.**



Principal Place of Business  
**21 PELLICER LANE  
ST. AUGUSTINE FL 32084**

Mailing Address  
**21 PELLICER LANE  
ST. AUGUSTINE FL 32084**

2. Principal Place of Business  
**21 Pellicer Lane**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**St Aug Fl**

City & State

4. FEI Number **59-3621701**

Applied For  
Not Applicable

Zip **32095** Country **St Johns**

Zip Country

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

**NOVELLA, DANIEL M  
21 PELLICER LANE  
ST. AUGUSTINE FL 32084**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE **8-18-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **NOVELLA, DANIEL M**  
STREET ADDRESS **21 PELLICER LANE**  
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED** **Daniel Novella** **8-18-03** **904 825-0231**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (4/03)

Attachment#  
80145576  
P00000004051

8/18/03

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATION

I Daniel M. Novella on behalf of AMERICAN TRANSMISSION OF ST. AUGUSTINE,  
INC. am requesting the \$400.00 late fee be waived. This is the first notice I have received.  
Inclosed is a check in the amount of \$150.00

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Thank you !  
Daniel M. Novella  
21 Pellicer Lane  
St. Augustine FL. 32095

*Daniel Novella*

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