

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P00000092763

1. Entity Name

ALE ABOARD AIRPORT TRANSPORTATION, INC.

FILED

02 JAN 25 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
222 INDUSTRIAL BLVD.
#172
NAPLES, FL 34104

Mailing Address
1923 TERRAZZO LANE
NAPLES, FL 34104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1043305

Applied For

Not Applicable

Zip

Country

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

JAMES E. MOON, ESQ.
2664 AIRPORT RD.
NAPLES, FL 34112

Name

RHONDA MACHADO

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

1923 TERRAZZO LANE

City

NAPLES

FL

Zip Code
34104

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 RHONDA MACHADO, PRESIDENT

Rhonda Machado

12-11-2001

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 PTD
NAME RHONDA MACHADO ☐ Delete
STREET ADDRESS 1923 TERRAZZO LANE
CITY-ST-ZIP NAPLES, FL 34104

TITLE ☐ Change ☐ Addition
NAME 800004952708
STREET ADDRESS -02/19/02--01016--004
CITY-ST-ZIP ****150.00 ****150.00

TITLE VSD ☒ Delete
NAME BRIAN CLINE
STREET ADDRESS 5221 WHITTEN DRIVE
CITY-ST-ZIP NAPLES, FL 34104

TITLE ☐ Change ☐ Addition
NAME 800004952708
STREET ADDRESS -02/19/02--01016--005
CITY-ST-ZIP ****150.00 ****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: *Rhonda Machado* RHONDA MACHADO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-11-2001 941-417-8809

Date

Daytime Phone #

CR2E034 (11/00)

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**ALL ABOARD AIRPORT TRANSPORTATION
C/O RHONDA MACHADO
1923 TERRAZZO LANE
NAPLES, FLORIDA 34104**

**941-417-8809
941-430-3876 (Fax)**

November 5, 2001

**Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327**

**RE: All Aboard Airport Transportation, Inc.
Document # P00000092763**


To Whom It May Concern:

I would like to request reinstatement for All Aboard Airport Transportation, Inc..

I just received my business license July 2001. I also moved during this same time. I think this may be why I did not receive the first application.

I have enclosed a check in the amount of \$150.00 and thank you for your consideration.

All Aboard Airport Transportation, Inc.



**Rhonda Machado
President**

Encl.