

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90325 012 ***150.00

0034284 AV

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1. Entity Name

AMERICAN TRANSPORTATION MARKETING GROUP, INC.



Principal Place of Business

PO BOX 331545

ATLANTIC BEACH FL 32233-1545

Mailing Address

PO BOX 331545

ATLANTIC BEACH FL 32233-1545

2. Principal Place of Business

10151 DEERWOOD PARK BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BUILDING 200, STE 250

City & State

JACKSONVILLE, FL

City & State

City & State

Zip

32256

Country

USA

Zip

32256

Country

USA

4. FEI Number

02-0578460

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GREEN, MARK

136 E. BAY ST.

JACKSONVILLE FL 32202

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WOLFSON, DONALD M
CITY-ST-ZIP 1725 BEACH AVE.
ATLANTIC BEACH FL 32233

TITLE ☐ Delete
NAME D
STREET ADDRESS WOLFSON, LESLEY K
CITY-ST-ZIP 10901 BURNT MILL RD., UNIT 1003
JACKSONVILLE FL 32256

TITLE ☒ Delete
NAME D
STREET ADDRESS HIRSCHMAN, DAVID
CITY-ST-ZIP 2781 NE 37TH DR.
FT. LAUDERDALE FL 33308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 of Donald M. Wolfson)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/03

Date

904-371-3210

Daytime Phone #

CR2E034 (10/02)