

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90033 042 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000036187

1. Entity Name
**AMERICA'S TRANSPORTATION ALTERNATIVE,
INC.**



90130659

Principal Place of Business
11350 66TH ST N
116
LARGO, FL 33773

Mailing Address
11350 66TH ST N
116
LARGO, FL 33773

2. Principal Place of Business
11350 66TH ST N.

3. Mailing Address

Suite, Apt. #, etc.
120

Suite, Apt. #, etc.

City & State
Largo FL

City & State

Zip
33773

Country

Zip

Country

4. FEI Number

☒ 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

7. Name and Address of New Registered Agent

HAIKARA, KIM
11350 66TH ST N
117
LARGO, FL 33773

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 certifying)

DATE

FILE NOW!! FEE IS \$150.00
After May 7, 2003 Fee will be \$500.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PFUNDT, NORMAN L
11350 66TH ST. N. SUITE 120
LARGO, FL 33773**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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; 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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

7275487726

Date

Daytime Phone #

CR2E034 (10/02)