

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90351 012 ***150.00

DOCUMENT # P93000037785

1. Entity Name

ADVANCED TRAFFIC EDUCATION INC.



Principal Place of Business

**4001 NEWBERRY RD
SUITE D4
GAINESVILLE FL 32607**

Mailing Address

**4001 NEWBERRY RD
SUITE D4
GAINESVILLE FL 32607**

2. Principal Place of Business

115 SE 1st Ave

3. Mailing Address

115 SE 1st Ave

Suite, Apt. #, etc.

#5

Suite, Apt. #, etc.

#5

City & State

FL

City & State

FL

Zip

32696

Country

USA

Zip

32696

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3188392

Applied For...

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PALLONE, EVE
340 NE 1ST AVE
WILLISTON FL 32696**

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

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

Eve Pallone President
(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/03

**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 **PTVS** ☐ Delete
NAME **PALLONE, EVE**
STREET ADDRESS **340 NE 1ST AVE**
CITY-ST-ZIP **WILLISTON FL 32696**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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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
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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:

Eve Pallone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

352371-1900

Date

Daytime Phone #

CR2E034 (10/02)