

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068254

1. Entity Name

ADVANCED TRANSMISSION SERVICE, INC.  
"AMENDED"

FILED

00 MAR 20 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

105 West John Sims Parkway  
Niceville, Florida 32578

400 West John Sims Parkway  
Niceville, Florida 32578

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3461772

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Dulin, Michael A.  
445 Gulf Shore Drive #6  
Destin, FL 32541

Name Cummins, Thomas E.

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

City Freeport, FL

FL

Zip Code 32439

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

Signature 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, 2000 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  Delete  
NAME DWLIN, MICHAEL A  
STREET ADDRESS 445 GULF SHORE DR. #6  
CITY-ST-ZIP DESTIN, FL 32541

TITLE  Change  Addition  
NAME CUMMINS, THOMAS E  
STREET ADDRESS 96 ALDEN LANE  
CITY-ST-ZIP FREEPORT, FL 32439

TITLE  Delete  
NAME CUMMINS, THOMAS E  
STREET ADDRESS 96 ALDEN LANE  
CITY-ST-ZIP FREEPORT, FL 32439

TITLE  Change  Addition  
NAME S/T CUMMINS, RENE' R.  
STREET ADDRESS 96 ALDEN LANE  
CITY-ST-ZIP FREEPORT, FL 32439

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: Thomas E. Cummins Thomas E. Cummins

Date 3-3-2000

Daytime Phone # (850) 678-9830

KE

CR2E034 (9/99)