

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90029 007 ***150.00

DOCUMENT # P97000068254
 1. Entity Name
ADVANCED TRANSMISSION SERVICE, INC.

Principal Place of Business 400 WEST JOHN SIMS PARKWAY NICEVILLE FL 32578	Mailing Address 400 WEST JOHN SIMS PARKWAY NICEVILLE FL 32578
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CUMMINS, THOMAS E
96 ALDEN LANE
FREEPORT FL 32439

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.
 SIGNATURE _____
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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CUMMINS, THOMAS E	
STREET ADDRESS	96 ALDEN LANE	
CITY-ST-ZIP	FREEPORT FL 32539	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CUMMINS, RENE R	
STREET ADDRESS	96 ALDEN LANE	
CITY-ST-ZIP	FREEPORT FL 32539	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raymond M. Kostellie	
STREET ADDRESS	52 5th Avenue Apt. B	
CITY-ST-ZIP	Shalimar, Florida 32579	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Signature Required* **SIGNATURE REQUIRED** 1-8-02 (850) 678-8830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
RENE R. CUMMINS, ST

CR2E034 (9/01)