

FILE NOW: FILING FEE AFTER MAY 15TH \$30.00

PROFIT  
CORPORATION  
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 MAY -5 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000015558

1. Corporation Name

ATLANTIC SCHOOL BUS CORP.

Principal Place of Business

7 NORTH STREET

Mailing Address

SAME

STATEN ISLAND, NY

10302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/17/98

2. Principal Place of Business

21 526 EAST PARK AVE.

2a. Mailing Address

26 7 NORTH STREET

4. FEI Number  
52-2083456

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. Yes ☐ No ☒

9. Name and Address of Current Registered Agent

DOMENIC GATTO

7 NORTH STREET

STATEN ISLAND, NY 10302

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

526 East Park Avenue

83

84 City Tallahassee

FL

85 Zip Code

32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its  
registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the  
appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/00

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE  
NAME DOMENIC GATTO  
STREET ADDRESS 7 NORTH STREET  
CITY - ST - ZIP STATEN ISLAND, NY 10302

TITLE VICE PRESIDENT ☒ DELETE  
NAME PATRICK GATTO  
STREET ADDRESS 7 NORTH STREET  
CITY - ST - ZIP STATEN ISLAND, NY 10302

TITLE SECRETARY ☒ DELETE  
NAME MICHAEL GATTO  
STREET ADDRESS 7 NORTH STREET  
CITY - ST - ZIP STATEN ISLAND, NY 10302

TITLE TRESURER ☒ DELETE  
NAME MICHAEL GATTO  
STREET ADDRESS 7 NORTH STREET  
CITY - ST - ZIP STATEN ISLAND, NY 10302

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition  
2.2 NAME NATHAN SCHLENKER  
2.3 STREET ADDRESS 7 NORTH STREET  
2.4 CITY - ST - ZIP STATEN ISLAND NY 10302

3.1 TITLE SECRETARY ☒ Change ☐ Addition  
3.2 NAME NATHAN SCHLENKER  
3.3 STREET ADDRESS 7 NORTH STREET  
3.4 CITY - ST - ZIP STATEN ISLAND NY 10302

4.1 TITLE TRESURER ☒ Change ☐ Addition  
4.2 NAME NATHAN SCHLENKER  
4.3 STREET ADDRESS 7 NORTH STREET  
4.4 CITY - ST - ZIP STATEN ISLAND NY 10302

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Domenic F. Gatto

Date

3/2/00

Daytime Phone #

(716) 442-7000