

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015558

1. Entity Name
ATLANTIC SCHOOL BUS CORP.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90080 027 ***150.00

00012174



DO NOT WRITE IN THIS SPACE

Principal Place of Business
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

Mailing Address
7 NORTH STREET
STATEN ISLAND NY 10302

2. Principal Place of Business
INACTIVE

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number .. **52-2083456**

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GATTO, DOMENIC
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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, 2001 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 **P**
NAME **GATTO, DOMENIC**
STREET ADDRESS **7 NORTH STREET**
CITY-ST-ZIP **STATEN ISLAND NY 10302**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VST**
NAME **SCHLENKER, NATHAN**
STREET ADDRESS **7 NORTH STREET**
CITY-ST-ZIP **STATEN ISLAND NY 10302**

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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: Domenic Gatto President 1/15/01 718 442-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)