

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90009 041 ***150.00

DOCUMENT # P98000015558

1. Entity Name

ATLANTIC SCHOOL BUS CORP.

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

2060 West 21st St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Zip

32209

Country

Zip

Country

4. FEI Number

52-2083456

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GATTO, DOMENIC

526 EAST PARK AVENUE

TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name **SAME**

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

2060 West 21st St.

City

Jacksonville

FL

Zip Code

32209

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.

Domenic Gatto

(NOTE: Registered Agent signature required when reinstating)

3/14/02

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

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

TITLE **SECRETARY/TREASURER** ☐ Delete
NAME **JERRY DENTE**
STREET ADDRESS **7 NORTH ST.**
CITY-ST-ZIP **STATEN ISLAND NY 10302**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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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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 Domenic Gatto President 3/14/02 (904) 598-2880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)