

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000018854**

1. Entity Name

AMERICAN TRANSPORT TELECOM, INC.**FILED**
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90119 048 ***150.00

906253

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1710 PALMER AVE.
WINTER PARK FL 32789**

Mailing Address

**P.O. BOX 940566
MAITLAND FL 32794-0566**

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 **59-3499604**

Applied For

Not Applied

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****LENZ, STEVEN H
1710 PALMER AVE.
WINTER PARK FL 32789****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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	LENZ, STEVEN H	
STREET ADDRESS	1710 PALMER AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	V	<input type="checkbox"/> Delete
NAME	LENZ, LISA A	
STREET ADDRESS	1710 PALMER AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	STARNES, WESLEY E	
STREET ADDRESS	1710 PALMER AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	COO	<input type="checkbox"/> Delete
NAME	STARNES, WESLEY E	
STREET ADDRESS	1710 PALMER AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Delete
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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		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 or other like empowered.

SIGNATURE:

Wesley E. Starnes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/00 407-869-6855