

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000018854**1. Entity Name
AMERICAN TRANSPORT TELECOM, INC.Principal Place of Business
1710 PALMER AVE.
WINTER PARK FL 32789
Mailing Address
P.O. BOX 940566
MAITLAND FL 3279405662. Principal Place of Business
1391 SOUTH OCEAN BLVD
3. Mailing Address
1391 SOUTH OCEAN BLVDSuite, Apt. #, etc.
102City & State
POMPANO BEACH FLZip
33062 Country4. FEI Number
59-3499604
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentLENZ STEVEN H
1710 PALMER AVE.
WINTER PARK FL 32789 US**7. Name and Address of New Registered Agent**Name
LENZ STEVEN H
Street Address (P.O. Box Number is Not Acceptable)
1391 SOUTH OCEAN BLVD
102
City
POMPANO BEACH FL Zip Code
33062

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 _____ 04/25/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	COO	<input checked="" type="checkbox"/> Delete
NAME	STARNES WESLEY E	
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	V	<input type="checkbox"/> Delete
NAME	LENZ LISA A	
STREET ADDRESS	1710 PALMER AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	P	<input type="checkbox"/> Delete
NAME	LENZ STEVEN H	
STREET ADDRESS	1710 PALMER AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENZ DUSTIN E	
STREET ADDRESS	4400 LIPTON COURT	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENZ LISA A	
STREET ADDRESS	1391 SOUTH OCEAN BLVD, SUITE 102	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENZ STEVEN H	
STREET ADDRESS	1391 SOUTH OCEAN BLVD, SUITE 102	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
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: Steven H Lenz

Pres 04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)