

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90034 032 ***150.00

DOCUMENT # P98000028333

1. Entity Name
AMERICAN TRUCKING & LOGISTICS, INC.

Principal Place of Business 7667 WEST SAMPLE ROAD #251 CORAL SPRINGS FL 33065	Mailing Address 7667 WEST SAMPLE ROAD #251 CORAL SPRINGS FL 33065
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UUUJ0713



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5952 NW 52 ST Suite, Apt. #, etc.	3. Mailing Address 5952 NW 52 ST Suite, Apt. #, etc.
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City & State CORAL SPRINGS, FL	City & State CORAL SPRINGS, FL
Zip 33067	Country BROWARD
Zip 33067	Country BROWARD

4. FEI Number 65-0822326	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
POVLITZ, LINDA
7667 WEST SAMPLE ROAD #251
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent
 Name
LINDA POVLITZ
 Street Address (P.O. Box Number is Not Acceptable)
5952 NW 52 ST
 City
CORAL SPRINGS **FL** Zip Code
33067

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 *Linda Povlitz* **Linda Povlitz** 4/10/01
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POVLITZ, LINDA 7667 WEST SAMPLE ROAD #251 CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5952 NW 52 ST CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Linda Povlitz* **Linda Povlitz** 4/10/01 **954-796-7961**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)