

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90081 031 ***150.00

DOCUMENT # P98000059759

1. Entity Name
AMERICAN TRANSPORT CENTER, INC.

Principal Place of Business 5519 COMMERCE DR #7 ORLANDO FL 32809 US	Mailing Address P O BOX 561107 ORLANDO FL 32856
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2. Principal Place of Business <i>Same as above</i>	3. Mailing Address <i>Same as above</i>
Suite, Apt. #, etc. <i># 7</i>	Suite, Apt. #, etc.

City & State <i>Orlando, FL</i>	City & State <i>Orlando, FL</i>
Zip <i>32809</i> Country <i>USA</i>	Zip <i>32856</i> Country <i>USA</i>

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BISPLINGHOFF, MARTHA L
121 N. PINE HILLS RD →
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) <i>1221 N. PINE HILLS ROAD</i>
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 _____ (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 BISPLINGHOFF, MARTHA L 1221 N. PINE HILLS RD ORLANDO FL 32808	<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 type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

3. 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: *Martha L Bisplinghoff* **MARTHA L BISPLINGHOFF** 1-11-01 407)826-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)