2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 10, 2002 8:00 am Secretary of State P99000053054 DOCUMENT # 03-05-2002 90099 026 ***150.00 1. Entity Name ATLANTIC TRUCKING AND TRANSPORTATION, INC. Principal Place of Business Mailing Address **ルビエリい** 137 PEGASUS DRIVE 137 PEGASUS DRIVE JUPITER FL 33477 JUPITER FL 33477 3. Mailing Address 1160 Tarksion Drive 2. Principal Place of Business Krksine ルし Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Sity & State Palm 4. FEI Number Applied For Bac 65-0927016 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired (نور) シリレよら 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIMPSON, KATHY J 137 PEGASUS DRIVE JUPITER FL 33477 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 2 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRENDENT, DIRECTOR DR ALEX J. D'ALESSANDRO 1160 Parkside Green Drive nne TITLE Detete LANG, MARK R NAME 137 PEGASUS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FL 33477 CITY-ST-ZIP DΠE Delete TITLE pretta D'Alossandro NAME NAME SIMPSON, JAMES C STREET ADDRESS 1160 Barksion Green Daws # STREET ADORESS 137 PEGASUS DRIVE CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33477 Qelete. TITLES - Change .TITLE NAME: = NAME-SIMPSON, KATHY-J-STREET ADDRESS STREET ADDRESS 137 PEGASUS DRIVE CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33477 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME MAJJE STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 ampowered 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 appears in Block 11 or Block 12 if changed, or on an attachment with an appears in Block 11 or Block 12 if changed.

FILED