

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED** ATX1  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P99000053054
1. Entity Name
ATLANTIC TRUCKING & TRANSPORTATION

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 1160 PARKSIDE DRIVE Suite, Apt. #, etc. UNIT D	3. Mailing Address 1160 PARKSIDE DRIVE Suite, Apt. #, etc. UNIT D
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DO NOT WRITE IN THIS SPACE

City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH
Zip 33415	Country

4. FEI Number 65-1107490	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name D'ALESSANDRO, ALEX J.	
Street Address (P.O. Box Number is Not Acceptable) 1160 PARKSIDE GREEN DRIVE	
UNIT D	
City WEST PALM BEACH	FL Zip Code 33415

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D'ALESSANDRO, ALEX J. 1160 PARKSIDE GREEN DRIVE #D WEST PALM BEACH FL 33415	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000138046 04/29/04-80063-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D'ALESSANDRO, LORETHA 1160 PARKSIDE GREEN DRIVE # D WEST PALM BEACH FL 33415	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  4/27/04 561-684-2885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #