

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State
03-13-2001 90086 005 ***158.75

0349809

DOCUMENT # P99000095823

1. Entity Name
ADVANCED TRAFFIC CONTROL, INC.

Principal Place of Business

**3005 HOEDT ROAD
TAMPA FL 33618**

Mailing Address

**3005 HOEDT ROAD
TAMPA FL 33618**

2. Principal Place of Business
1515 University Drive

Suite, Apt. #, etc.
Suite 105

City & State
Coral Springs, FL

Zip Country
33071 Broward

3. Mailing Address
1515 University Drive

Suite, Apt. #, etc.
Suite 105

City & State
Coral Springs, FL

Zip Country
33071 Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3604997**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RUTEMILLER, ROBERT A
3005 HOEDT ROAD
TAMPA FL 33618**

7. Name and Address of New Registered Agent

Name **Roger L. Shaffer**
Street Address (P.O. Box Number is Not Acceptable)
2201 Corporate Blvd. NW
Suite 105
City **Boca Raton** **FL** Zip Code **33431**

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 *Roger L. Shaffer* **Roger L. Shaffer, Esq.** **March 5, 2001**
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 **D** ☒ Delete
NAME **RUTEMILLER, ROBERT A**
STREET ADDRESS **3005 HOEDT ROAD**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE **D** ☐ Delete
NAME **ROARK, FRANK L**
STREET ADDRESS **9271 SOUTHWEST 18TH ROAD**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☒ Change ☐ Addition
NAME **Roark, Frank L.**
STREET ADDRESS **1515 University Dr. Ste. 105**
CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE **V** ☐ Change ☒ Addition
NAME **Hatch, Christopher**
STREET ADDRESS **2531 NW 123 Avenue**
CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE **D** ☐ Change ☒ Addition
NAME **Shaffer, Roger L.**
STREET ADDRESS **2201 Corporate Blvd. NW Suite 105**
CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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: *Frank L. Roark* **Frank L. Roark** **3/9/01** **(954) 340-4020**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)