2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

FILED **DOCUMENT # P38737** Apr 17, 2000 8:00 am 1. Entity Name Secretary of State COASTAL TRANSPORT, INC. 04-17-2000 90033 039 ***150.00 Mailing Address Principal Place of Business P.O. BOX 1363 POST OFFICE DRAWER 7119 AUBURNDALE 33 82823 Savannah ga 31481 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2612918 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. DC Change ☐ Addition TIDE TITLE □ Delete **BOSTICK, GUY** NAME NAME STREET ADDRESS STREET ADDRESS 502 E. BRIDGERS AVE. CITY-ST-ZIP CITY-ST-7IP AUBURNDALE FL ☐ Change Addition DEVP ☐ Delete TITLE TITLE NAME BOSTICK, R. MARK NAME STREET ADDRESS STREET ADDRESS 502 E. BRIDGERS AVE. CITY-ST-ZIP CITY-ST-ZIP AUBURNDALE FL ☐ Change ☐ Addition VTD Delete TITL F TITLE NAME JACOBS, MILTON E. NAME . 502 E. BRIDGERS AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AUBURNDALE FL** ☐ Channe ☐ Addition ☐ Delete TITLE TITLE NAME CONWAY, JAMES NAME STREET ADDRESS STREET ADDRESS 502 E. BRIDGENS AVE CITY-ST-ZIP CITY-ST-ZIP AUBURNDALE FL ☐ Change Delete ☐ Addition TITLE TITLE READY, BILLY R NAME STREET ADDRESS STREET ADDRESS 502 E. BRIDGERS AVE. CITY-ST-ZIP CITY-ST-ZIP AUBURNDALE FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR