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Daytime Phone #

2002 Uniform Business Report (UBR)

Apr 08, 2002 8:00 am Secretary of State DOCUMENT # F22071 1. Entity Name 04-08-2002 90221 002 ***150.00 BEACH AIRPORT TRANSPORT SERVICE, INC. Mailing Address Principal Place of Business P.O. BOX 66330 5201 GULF BLVD. ST PETERSBURG BEACH FL 33736 ST PETERSBURG FL 33706 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-2076123 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VALLEE, JERRY E. Street Address (P.O. Box Number is Not Acceptable) 5201 GULF BLVD ST. PETERSBURG FL 33710 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so 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 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) Addition TITLE TITLE VSD ☐ Delete VALLEE, CAROL NAME NAME STREET ADDRESS STREET ADDRESS 7970 24 AVE NO. CITY-ST-ZIP ST PETE FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE PDT NAME VALLEE, JERRY NAME STREET ADDRESS STREET ADDRESS 7970 24 AVE NO. CITY-ST-ZIP CITY-ST-ZIP ST PETE FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME - ---NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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.

E. Viller

SIGNATURE: