

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90229 036 ***150.00

DOCUMENT # G57859

1. Entity Name
EAST COAST TRANSPORTATION, INC.

Principal Place of Business 14125 BEACH BLVD JACKSONVILLE FL 32250 US	Mailing Address 14125 BEACH BLVD JACKSONVILLE FL 32250 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2363401	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** 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

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	VP FRANKS, CHARLES GREGORY 32 OAKWOOD RD. JACKSONVILLE BCH. FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MELTON, BRUCE ALAN 2634 DAHLONEGA DR JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>See attached</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>See attached</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>See attached</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>See attached</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowers.

SIGNATURE: *Mitchell J. Lela* **4/14/02** **202-895-1200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0004000 1/1

CR2E034 (9/01)

Attachment + Doc # 357859

EAST COAST TRANSPORTATION, INC.

Reference Question #11

OFFICERS/DIRECTORS FOR ALL CAREY INTERNATIONAL, Inc. SUBSIDIARIES:

NAME	TITLE	RESIDENCE ADDRESS	BUSINESS ADDRESS
Vincent A. Wolfington SS#169-32-8867	President & Director	4949 Lowell Street, NW Washington, DC 20016	4530 Wisconsin Ave, NW Washington, DC 20016
Mitchell J. Lahr SS#125-52-6346	Vice President and Treasurer	13520 Stonebarn Lane Gaithersburg, MD 20878	4530 Wisconsin Ave, NW Washington, DC 20016
Devin J. Murphy SS#593-22-9081	Vice President and Director	215 Century Place, #1103 Alexandria, VA 22304	4530 Wisconsin Ave, NW Washington, DC 20016
Gary L. Kessler SS#230-04-4918	Vice President and Secretary	3706 Manor Road #2 Chevy Chase, MD 20815	4530 Wisconsin Ave, NW Washington, DC 20016
Jeffrey R. Larsen SS#453-71-2055	Director	240 E 86th Street #7-O NY, NY 10028	717 Fifth Avenue 23rd Floor NY, NY 10022