FILED

2001 UNIFORM BUSINESS REPORT (UBR) Jan 30, 2001 8:00 am Secretary of State **DOCUMENT # H73013** SUNCOAST TRANSPORTATION BROKERS, INC. 01-30-2001 90086 028 ***150.00 Principal Place of Business Mailing Address

Country

(NOTE: Registered Agent signature required when reinstating)

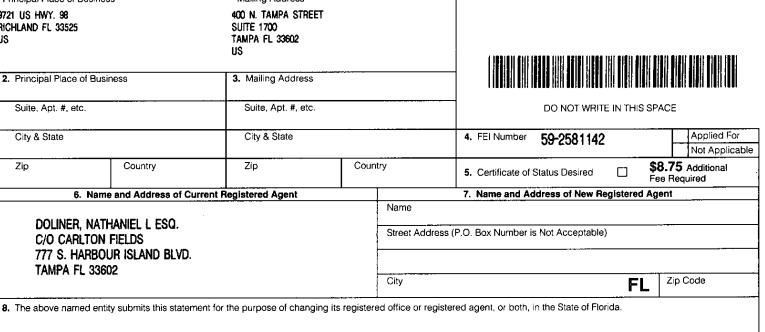
400 N. TAMPA STREET

3. Mailing Address

City & State

Suite, Apt. #, etc.

SUITE 1700 TAMPA FL 33602



DATE

9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)		After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State			mpaign Financing Contribution.		May Be to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO PEISER, ROBERT A 326 LAKEWOOD DRIVE BLOOMFIELD HILLS MI	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO LEONARDI, HARRY G 17911 CLEAR LAKE DRIVE LUTZ FL	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13060	N, GARY SANCTUARY TERRACE,	COVE DRIVE	☐ Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUISSON, LOUIS J 5521 PINNACLE HEIGHTS CIRCLE, TAMPA FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT JOHNSON, KIMBERLY 4514 FERNCROFT CIRCLE TAMPA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PELLERIN, CRAIG R 5002 PICKETT CT. TAMPA FL	💢 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MITCHELL, JOHN 1304 STARRY NIGHT STREET WESLEY CHAPEL FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	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 empowered.

9721 US HWY. 98

RICHLAND FL 33525

2. Principal Place of Business

Country

DOLINER, NATHANIEL L ESQ.

777 S. HARBOUR ISLAND BLVD.

C/O CARLTON FIELDS

TAMPA FL 33602

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

SIGNATURE AND TYPED TED NAME OF SIGNING OFFICER OR DIRECTOR

Kimberly S. Johnson