## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 12, 2002 8:00 am M47163 DOCUMENT # **Secretary of State** 1. Entity Name 02-12-2002 90081 001 \*\*\*793.75 CHRISTIAN BAYOU TRANSPORT, CO. Mailing Address Principal Place of Business 3333 W KENNEDY BLVD 3333 W KENNEDY BLVD #207 #207 **TAMPA FL 33609 TAMPA FL 33609** US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2747995 Not Applicable 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 SPIEGELFEDLD, ALLEN VON Street Address (P.O. Box Number is Not Acceptable) **501 EAST KENNEDY BOULEVARD SUITE 1800** Zip Code **TAMPA FL 33602** 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 DATE 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (9/01) ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME PUNDSACK, ROBERT N. CR2E034 3333 W KENNEDY BLVD #207 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME CLEMENT, JOHN F STREET ADDRESS STREET ADDRESS 259 E SCENIC DRIVE CITY-ST-ZIP CITY-ST-ZIP PASS CHRISTIAN MS Change ☐ Addition ☐ Delete TITLE 650 Paydras ST # 2450 New Orleans, LA 70130 NAME NAME PIERRE, CLIFTON J ST STREET ADDRESS STREET ADDRESS 3520 GENERAL" DE GAVILE DR. CITY-ST-ZIP CITY-ST-ZIP **NEW ORLEANS LA 70116** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS

13. I hereby 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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED