

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 28 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M60048  
1. Entity Name Seaboard Transportation Services, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
3455 N.W. 54 Street  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Miami, Florida

4. FEI Number  
65-0005683

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Lillie Kelley

Street Address (P.O. Box Number is Not Acceptable)  
3455 N.W. 54 Street

City Miami FL Zip Code 33142

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)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	CD	TITLE	
NAME	Blank, Mark	NAME	
STREET ADDRESS	9350 S. Dixie Hwy #900	STREET ADDRESS	
CITY - ST - ZIP	Miami, Fl. 33156	CITY - ST - ZIP	
TITLE	Blank, Tony DV	TITLE	
NAME	Blank, Tony DV	NAME	
STREET ADDRESS	9350 S. Dixie HWY #900	STREET ADDRESS	
CITY - ST - ZIP	Miami, Florida 33156	CITY - ST - ZIP	
TITLE	Blank, Andrew DP	TITLE	
NAME	Blank, Andrew DP	NAME	
STREET ADDRESS	3455 NW 54 ST	STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33142	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034B (12/01)