FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 19, 2002 8:00 am Secretary of State **DOCUMENT #** M68890 1. Entity Name EASTCOAST RAILING, INC. 05-19-2002 90034 040 ***150.00 Principal Place of Business Mailing Address 3191 3W-14 PLACE 3191-SW-14-PLACE BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426 Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0016429 Not Applicable Country 5. Certificate of Status Desired \$8.75 Additional Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **ERNSTING, PAMELA** 625 MISSION HILL RD BOYNTON BEACH FL 33435 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. П Make Check Payable to Department of State Added to Fees OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE **ERNSTING, CHRIS** NAME NAME 2548 SW 10th Street 625 MISSION HILL RD STREET ADDRESS STREET ADDRESS BOYNTON BEACH FL 33435 CITY-ST-ZIP CITY-ST-ZIP Boynton Black, Mchange 41. 33424 TITLE ☐ Delete TITLE **ERNSTING, PAMELA** NAME NAME 625 MISSION HILL-RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP **BOYNTON BEACH FL 3343**5 CITY-ST-ZIP TITLE Delete TITLE --- Change -- - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 repelver or this tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

(9/01)