

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90086 024 ***150.00

DOCUMENT # P00000017047

1. Entity Name
SUNCOAST TRANSPORT SERVICE, INC.



Principal Place of Business
14128 PLUM LANE
HUDSON FL 34667

Mailing Address
14128 PLUM LANE
HUDSON FL 34667

2. Principal Place of Business

3. Mailing Address
P.O. Box 5843

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
HUDSON, FLA.

4. FEI Number 59-3627385

Applied For
Not Applicable

Zip

Country

Zip

Country

34674 D.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORBIN, ROBERT M
14128 PLUM LANE
HUDSON FL 34667

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CORBIN, ROBERT M
STREET ADDRESS 14128 PLUM LANE
CITY-ST-ZIP HUDSON FL 34667 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME MOORE-CORBIN, PATRICIA M
STREET ADDRESS 14128 PLUM LANE
CITY-ST-ZIP HUDSON FL 34667 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Robert M. Corbin
ROBERT M. CORBIN
OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/03 (721) 869-9229

CR2E034 (10/02)