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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Apr 18, 2003 8:00 am Secretary of State P00000053279 DOCUMENT # 04-18-2003 90135 002 ***150.00 1. Entity Name COAST TO COAST TRANSPORT, INC. Principal Place of Business Mailing Address 1650-VIA DE-LUNA-DR.,-D3 1650 VIA-DE-LUNA DR., D3-EENSAGOLA-BEACH FL-92561 -PENSACOLA BEACH FL 32561-1333 College Pkwy #151 1333 College Pkwy #151 Gulf Breeze, FL 32563 Gulf Breeze, FL 32563 2. Principal Place of Business 3. Mailing Address <u> 1333 College Pkwy #151</u> <u> 1333 College Pkwy #15</u>] Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3655268 Gulf Breeze, Gulf Breeze, FLFLNot Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32563 USA 32563 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name <u>Rebecca Lynn Lambert</u> LAMBERT, REBECCA LYNN Street Address (P.O. Box Number is Not Acceptable) 1650 VIA DE LUNA DR., D3 1333 College Pkwy #151 PENSACOLA BEACH FL 32561 Gulf Breeze 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of SIGNATURE apolicabl FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change Sean Lambert, LAMBERT, SEAN NAME NAME 1333 College Pkwy #151 STREET ADDRESS 1650 VIA DE LUNA DR., D3 STREET ADDRESS Gulf Breeze, FL 32563 PENSACOLA BEACH FL 32561 CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete • Change -- - Addition TITLE TITLE NAME 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 TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

12. 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 supplied that the same legal effect as if made under oath; that I am an officer or director of the corporation or the leaver or trustee empowered to secure 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 attal Lother

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

IGNATURE AND TYPED OR P

STREET ADDRESS

CITY-ST-7IP