

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 17 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 09



10272004 REIN-P CR2E098 (6/04)

DOCUMENT # P01000032500

1. Entity Name
USCHI'S GULFCOAST TRANSPORTATION, INC.



Principal Place of Business
**2540 SOUTHWEST 45TH STREET
CAPE CORAL, FL 33914**

Mailing Address
**2540 SOUTHWEST 45TH STREET
CAPE CORAL, FL 33914**

2. Principal Place of Business
USCHI'S GULFCOAST TRANSPORTATION, INC.

3. Mailing Address
2540 SW 45th St.

Suite, Apt. #, etc.

City & State
CAPE CORAL FL.

City & State
CAPE CORAL FL.

Zip
33914

Country
FL.

Zip
33914

Country
FL.

4. FEI Number
65-1090778

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**LENTZ, URSULA
2540 SW 45TH STREET
CAPE CORAL, FL 33914**

7. Name and Address of New Registered Agent
Name
MILLER, URSULA R.
Street Address (P.O. Box Number is Not Acceptable)
2540 SW 45th St
City
CAPE CORAL FL Zip Code
33914

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LENTZ, URSULA R 2540 SOUTHWEST 45TH STREET CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MILLER, URSULA R. 2540 SW 45th St CAPE CORAL FL. 33914 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, JOHN 8540 SOUTHWEST ST CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700042838527 11/17/04--01054--020 **758.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Ursula Miller 11/08/04 239-540-7386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #