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FILED

Jan 14, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

SIGNATURE:

P01000067705 **Secretary of State** CUSTOM COACH CHARTER AND LEASING, INC. 01-14-2002 90033 040 ***150.00 Mailing Address Principal Place of Business 1284 S. FEDERAL HWY. 1284 S. FEDERAL HWY. POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent -6: Name and Address of Current Registered Agent MOREAU, REGIS C Street Address (P.O. Box Number is Not Acceptable) 1284 S. FEDERAL HWY. POMPANO BEACH FL 33062 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Delete TITLE TITLE MOREAU, REGIS C NAME NAME 1284 S. FEDERAL HWY. STREET ADDRESS CR2E034 STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MOREAU, JODI MARIA NAME NAME STREET ADDRESS STREET ADDRESS 1284 S. FEDERAL HWY. POMPANO BEACH FL 33062 CITY-ST-ZIP CITY-ST-ZIP Tr Change ☐ Addition Delete* TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.