

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90034 043 ***150.00

DOCUMENT # P01000106531

1. Entity Name

SEASHORE TRANSPORTATION SYSTEMS, INC.

Principal Place of Business

**5601 JOE ELLIOT WAY
 PENSACOLA FL 32503**

Mailing Address

**5601 JOE ELLIOT WAY
 PENSACOLA FL 32503**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 11233

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JEFFERSON LA

4. FEI Number

59-3752124

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

70181

JEFFERSON

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FRAZIER, DON
 5601 JOE ELLIOT WAY
 PENSACOLA FL 32503**

7. Name and Address of New Registered Agent

Name **JEFFREY ELLSWORTH**

Street Address (P.O. Box Number is Not Acceptable)

5601 JOE ELLIOT WAY

City **PENSACOLA**

FL

Zip Code **32503**

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 *Jeffrey Ellsworth*

(NOTE: Registered Agent signature required when reinstating)

3/16/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
 NAME **JEANNE, THOMAS L JR**
 STREET ADDRESS **521 ELMWOOD PARK BLVD**
 CITY-ST-ZIP **HARAHAN IA 70123**

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

TITLE **DS** ☐ Delete
 NAME **JEANNE, CORINNE T**
 STREET ADDRESS **521 ELMWOOD PARK BLVD**
 CITY-ST-ZIP **HARAHAN IA 70123**

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/02 (504) 390-3226

Date

Daytime Phone #

CR2E034 (9/01)