

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90388 021 ***150.00

0016173 AV

DOCUMENT # P93000087607

1. Entity Name
CORONADO TRANSPORTATION, INC.



Principal Place of Business
**301 OLD COUNTY RD
EDGEWATER FL 32132
US**

Mailing Address
**301 OLD COUNTY RD
EDGEWATER FL 32132
US**

11039280



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3213744

Applied For
Not Applicable

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

**HEEBNER, PETER B
523 N. HALIFAX AVE
DAYTONA BEACH FL 32118**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HECHLER, ROBERT L
308 OLD COUNTY RD
EDGEWATER FL 32132** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
IAN JACKSON
4 STEEL ST
BLACKTOWN, AUSTRALIA** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
KEESECKER, ROBERT P
308 OLD COUNTY RD
EDGEWATER FL 32132** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
ROSS LAURIE
308 OLD County RD
EDGEWATER, FL 32132** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
DILL, DAVID
308 OLD COUNTY RD
EDGEWATER FL 32132** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAVIDSON, ANDREW
4 STEAL ST.
BLACKTOWN, AUSTRALIA 2148** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
SHORT, HERBERT J JR
999 PEACHTREE ST. NE.
ATLANTA GA 30309-3996** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PHILLIPS, WARREN
4 STEAL ST
BLACKTOWN AU 2148** ☒ Delete

TITLE
NAME
STREET ADDRESS
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: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/03

386-428-6461

CR2E034 (10/02)