2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000088593 **DOCUMENT #**

1. Entity Name

BEACHPORT TRANSPORTATION, INC.



FILED Feb 27, 2003 8:00 am Secretary of State

02-27-2003 90133 025 ***150.00

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Principal Place of Business 2640 HOLLYWOOD BLVD. #119 HOLLYWOOD FL 33020 US				Mailing Address PO BOX 2772 HALLANDALE FL 33008-2772 US							
2. Principal Place of Business			3. Ma	3. Mailing Address			;				
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			Cit	City & State			4. F8	4. FEI Number 65-0563745 Applied Not App			
Zip Country		Zip	Zip Cour		ntry 5.		ertificate of Status Desired		8.75 Ac	lditional	
	6. Name	and Address o	of Current Register	ed Agent	<u>'</u>		7. Na	ame and Address of New Rec			
KULLMAN, JARED J						Name					
1910 S. S	STATE ROAD	7				Street Address (F	P.O. Bo	x Number is Not Acceptable)		••	
MIRAMAR	FL 33023								, ,= .		·
:					· I	City		1 7	FL	Zip Cod	1
8. The above the obligat	e named entity tions of registe	submits this stated agent.	atement for the purp	oose of changing its	registered (office or registere	ed ager	nt, or both, in the State of Floric	ia. I am far	niliar with	and accept
SIGNATURE .	Signature, typed	or printed name of reg	istered agent and title if app	plicable (NOTE:	· Registered An	gent signature required	uthan raine	eta (i.e.)			
After Make Check	r May 1, 200		\$550.00 rtment of State					Election Campaign Finan Trust Fund Contribution.		Adde	00 May Be d to Fees
TITLE	SDVP	OFFIC	ERS AND DIRECTO		11.		ADD	ITIONS/CHANGES TO OFFICE	ERS AND D	IRECTOR	\$ IN 11
NAME	SNYDER, K PO BOX 27	(ATHLEEN 772 N A LE FL 33008-2	2772	□ Delete	TITLE NAME STREET AI CITY-ST-	- 1	-		C] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREET AI CITY-ST-				Ē	Change	☐ Addition
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TITLE NAME Street adoress City-St-Zip				☐ Delete	TITLE NAME STREET AD CITY-ST-2	I) Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET AD CITY-ST-2	l l	•	·) Change	Addition

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 emp-wered to execute his 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 impowered.

SIGNATURE: