

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000057140 1. Entity Name P. AND F. TRANSPORTATION INC					
Principal Place of Business 2023 N. ATLANTIC AVENUE 403 COCOA BEACH, FL 32931			Mailing Address 2023 N. ATLANTIC AVENUE 403 COCOA BEACH, FL 32931		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 fee if applicable) (NOTE: Registered Agent Signature Required when submitting) 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	TS LANG, FRANK H 2023 N. ATLANTIC AVENUE, 403 COCOA BEACH, FL 32931	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANG, PEARL J 2023 N. ATLANTIC AVENUE, 403 COCOA BEACH, FL 32931	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOP LANG, TERRANCE J 2023 N. ATLANTIC AVENUE, 403 COCOA BEACH, FL 32931	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <u>Frank H. Lang</u> FRANK H. LANG SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/12/03					

FILED
03 APR 16 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500017554585
04/30/03--01042--028 **150.00



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **22-3402170** Applied For ☐ Not Applicable ☒

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

CR20034 (10/02)