

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-10-2003 90078 031 ***150.00

DOCUMENT # P98000004677			
1. Entity Name JET COAST, INC.			
Principal Place of Business 8161 N W 51 PLACE CORAL SPRINGS FL 33067		Mailing Address 8161 N W 51 PLACE CORAL SPRINGS FL 33067	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 420 SE 5TH ST		Suite, Apt. #, etc. 420 S. E. 5TH ST	
City & State POMPANO BEACH FL		City & State POMPANO BEACH FL	
Zip 33060		Zip 33060	
Country		Country	
4. FEI Number 65-0810384		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent. LEE, DICK R ESQ. DICK LEE & ASSCIATES, P.A. 2701 S BAYSHORE DRIVE # 605 COCONUT GROVE FL 33133		7. Name and Address of New Registered Agent Name <u>CASEY WILLIAM COUGHLIN, ESQ.</u> Street Address (P.O. Box Number is Not Acceptable) <u>CASEY WILLIAM COUGHLIN, P. A.</u> <u>1515 UNIVERSITY DRIVE, SUITE 214</u> City <u>CORAL SPRINGS,</u> FL Zip Code <u>33071</u>	
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 <u>[Signature]</u> CASEY WILLIAM COUGHLIN, ESQ. <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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. <input type="checkbox"/> \$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	D CHIANG, BING J 8161 NW 51 PLACE CORAL SPRINGS FL 33067	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>[Signature]</u>		Date <u>4-7-03</u>	

CR2E034 (10/02)