2005

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # p 99000021431 i. Entity Name Peabody Transport Co. Inc. , 500534R7 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 1042 SW Haleyberry Ave. 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 65-0935683 Port St. Lucie, FL \$8:75 Additional Country Zip 5. Certificate of Status Desired Fee Required 34953 Name and Address of Current Registered Agent Name Winston Beason DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 1042 Haleyberry Ave IN THIS SPACE Zip Code Port St. Lucie 34953 . 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. 4/3/05 Winston Beason DATE Signature, typed or printed name of registered agent and title if applic January 1 - May 1 Fee is \$150.00). This corporation is eligible to satisfy its Intangible \$5.00 May Be After May 1, Fee is \$550.00 Amended UBR is \$61.25 Election Campaign Financing Tax filling requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS CR2E034B (12/01 TIDE President / Director NAME WE Winston Beason Winston beass... 1042 Haleyberry Ave. FL 34953 REET ADDRESS STREET ADDRESS CITY-ST-ZIP TY-ST-ZIP Port St. Íucle, FL TITLE JLE NAME WE STREET ADDRESS REET ADDRESS CITY-ST-ZIP TY-ST-ZIP MILE fLE NAME. ME STREET ADDRESS REET ADORESS DO NOT WRITE CITY-ST-ZIP IY-ST-ZIP IN THIS SPACE TITLE 'LE NAME ME STREET ADDRESS REET ADDRESS CITY-ST-ZIP TY-ST-ZIP TITLE LE NAME ΜĒ STREET ADDRESS REET ADDRESS CITY-ST-ZIP Y-ST-ZUP TITLE Œ NAME ME STREET ADDRESS REFT ADDRESS CITY-ST-ZIP Y-ST-ZIP

i. Thereby 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 on an

attachment with an address, with all other like empowered.

Winston Beason

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jun 08, 2005 8:00 am

Secretary of State

06-08-2005 90002 027 ***150.00

954-8189348

Davima Phona #

4/3/05