FILED

03 APR 25 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054793

1. Entity Name
GULF CARIBBEAN TRANSPORT, INC.

Principal Place of Business	Mailing Address
1107 E JACKSON STREET 107 TAMPA, FL 33602	1107 E JACKSON STREET 107 TAMPA, FL 33602

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3306 Lykes Ave	3306 Lykes Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, Fl	City & State: TAMPA
Zip: 33609 Country: Hillsborough	Zip: 33609 Country: Hillsborough

4. FEI Number 59-3582402 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VON SPIEGELFELD, ALLEN
501 EST KENNEDY BLVD, SUITE 1700
TAMPA, FL 33602

7. Name and Address of New Registered Agent

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 ____________________ DATE

[illegible]

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	D ~~THOMAS, JAMES~~ ~~11704 PHOENIX CIRCLE~~ ~~TAMPA, FL 33618~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO STEPHEN D. SARGENT 3306 Lykes Ave TAMPA, Fl 33609	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOS SARGENT, STEPHEN D 3306 LYKES AVENUE TAMPA, FL 33609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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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 all other like empowered.

SIGNATURE: Stephen D. Sargent 4/23/03 President/CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(813) 294-0752

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