

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90008 014 ***550.00

015/08 AT

DOCUMENT # P99000093820
 1. Entity Name
GOLD COAST TRANSPORT, INC.

Principal Place of Business Mailing Address
6004 FT. PIERCE BLVD. **P.O. BOX 651102**
FORT PIERCE FL 34951 **VERO BEACH FL 32965-1102**

2. Principal Place of Business 3. Mailing Address
2862 S. KINGS HWY **P.O. Box 13417**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
FORT PIERCE FL **Fort Pierce, FL**
 Zip Country Zip Country
34945 **ST. LUCIE** **34979** **ST. LUCIE**

4. FEI Number Applied For
65-0957854 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HARVEY, CHARLES H.
1450 BELL AVE
FORT PIERCE FL 34979

7. Name and Address of New Registered Agent
 Name **JR OVERSTREET**
 Street Address (P.O. Box Number is Not Acceptable) **2862 S. KINGS HWY**
 City **FORT PIERCE** FL Zip Code **34945**

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.

SIGNATURE *[Signature]* DATE **8/01/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
(See criteria on back) **After September 12, 2001 Fee will be \$750.00**
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OVERSTREET, J R P.O. BOX 651102 VERO BEACH FL 32965 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Russel K. Bord 1450 Bell Ave. Fort Pierce, FL 34979 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE **8/01/01** Daytime Phone # **561-465-5138**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E084 (5/01)

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DO NOT WRITE IN THIS SPACE