

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90150 046 \*\*\*158.75

DOCUMENT # P99000108625

Entity Name

SUNCOAST TRANSPORTATION, INC.

**DO NOT WRITE IN THIS SPACE**

Principal Place of Business

26 NW 1 ST

Suite, Apt. #, etc.

3. Mailing Address

1566 SE Tiffany Club Pl

Suite, Apt. #, etc.

City & State

Hallandale, FL

Zip

33009

Country

USA

City & State

Port St. Lucie, FL

Zip

34952

Country

USA

4. FEI Number

65-0971068

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Coleen Lockwood

Street Address (P.O. Box Number is Not Acceptable)

26 NW 1 St.

City

Hallandale

FL

Zip Code

33009

**DO NOT WRITE  
IN THIS SPACE**

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

Coleen Lockwood

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☒

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

P  
Coleen Lockwood  
26 NW 1 St.  
Hallandale, FL 33009

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Coleen Lockwood, Pres. Coleen Lockwood

DATE

4/29/02

Daytime Phone #

954-444-1373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR