FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

OCUMENT # P99000108625 Entity Name

NAME

STREET ADDRESS

SUNCOAST TRANSPORTATION, INC.

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

05-13-2002 90150 046 ***158.75

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				(*) *4.			
Principal Place o	f Business	3. Mailing Address	OBOU Club P				
26 NW		1566 > 11	Frany Club P	DO NOT WRITE	DO NOT WRITE IN THIS SPACE		
Suite, Apt. #, etc	•	Suite, Apt. #, etc.			Id alled For		
·		Ob. 8 Stoto		4. FEI Number	Applied For Not Applicable		
City & State		City & State Port St. Luc	ir FL	(0)-0911000			
Hallan	dale FL		Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Zip	Country SA	Zip 3495-2	USA	•	1 00 114 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
33009			F-74-70	7. Name and Address of Current R	egistered Agent		
阿萨·罗斯·斯	the second secon		Name	Coleen Lockw	oocl		
	LA MATAN		Chan Address	ss (P.O. Box Number is Not Acceptable)			
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	IN THIS SE	DACE					
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			City 1	Mandale	FL Zip Code 33009		
			<u> </u>	provide agent or both in the State of Flo	rida.		
The above nam	ed entity submits this statement for	or the purpose of changing it	s registered office or regi	stered agent, or both, in the State of Flo			
THE BEOTH HAM	•				4120102		
	Colona Xoc	word		about ubon reinstation)	UATE		
IGNATURE Signa	cure, typed or printed name of registered agen	r, and title if applicable. (NO	TE. Registered Agent signature rec	THE PART OF PART OF THE PART O			
3	الطائح معامل والأراق والمائد	DOMESTIC LESS CONTRACTOR DE LA CONTRACTO	Property Control	10. Election Campaign Fin	ancing \$5.00 May Be		
3. This corporation	on is eligible to satisfy its Intangible		t i turi takimali di di	Trust Fund Contribution			
→ Tax filing requ ∴ (See criteria o	irement and elects to do so.		3 - 10 1 - 10 - 14 -				
(See Criteria o	OFFICERS AN						
1.	OFFICERS AND	DIRECTORS	TITLE		*		
ITLE		-d	NAME				
AME C	oleen Lockwood	J C-	STREET ADDRESS				
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STREET ADDRESS CITY-ST-ZIP			CITY-SI-ZIP				
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TOTALE							

13. 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.

attachment with an address, with all other like empowered.		1 1	
BIGNATURE: Colou Locustro, Pres.	Coleen Lockwood	4/29/02	954-444-1373
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF E	DIRECTOR	Date	Daytime Phone #
SIGNATURE AND TYPED OR PHINTED HAME OF SIGNALS OF THE			

STREET ADDRESS

CITY+ST-ZIP