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

FILED Mar 20, 2002 8:00 am Secretary of State 03-20-2002 90232 001 ***150.00

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1. Entity Name	MENT # 5704	19			
·	AST COAST TRANSPORT	, INC.			
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				425906	
	O NOT WRITE	IN THIS S	PACE	**************************************	
				\$ * 1 * 1	
2. Principal Pla		3. Mailing Address P.O. Box 168			
2045 W. Memorial Blvd. Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
	Union 76 Truck Stop			4.55111.15	100000000000000000000000000000000000000
City & State Lakeland		City & State Paulsboro, N	J	4. FEI Number 593087195	Applied For Not Applicable
33815	Country US	^{Zip} 08066	Country US	5. Certificate of Status Desired	\$8.75 Additional
33013				7. Name and Address of Current Regi	stered Agent
			Name Wil	liam M. Midyette, III	Esquire
	DO NOT W	RITE	Street Address	(P.O. Box Number is Not Acceptable) East Lemon Street	,
	IN THIS SP	ACE, S	\$ - 1/1	te 300	
			City		FL Zip Code 33801
P. The above o	named satity submits this statement for	the ourses of changing its		eland ered agent, or both, in the State of Florida.	
e. The above th	iamed entity southings this statement to	the outpose of changing is	s registered office of regist	a eo ageni, or oour, in the state of Florida.	
SIGNATURE	Signature, typed or printed name of registered agors.	Table (Carlotte			DATE
		processor to the second res	TE: Registered Agent signature requir May 1 Fee is \$150:00 cc.	ed when reinstating)	DATE
	ation is eligible to satisfy its Intangible quirement and elects to do so.	After May	/ 1, Fee Is \$550.00 (1)	10. Election Campaign Financia Trust Fund Contribution.	ng \$5.00 May Be Added to Fees
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CENTER ADODEDE	Daniel J. Latta		NAME STREET ADDRESS		
	#11 Mt. Royal Plaza Paulsboro, NJ 08066	a 5	CITY ST-ZIP		
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NAME STREET ADDRESS			STREET ADDRESS		
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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 fusitee empowered to execute this seport as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or on an					
attachment	oration or the receiver or fustee emp with an address, with a other like em	owered.	on as required by Chapter	our, Fiorida Statutes; and that my name a	ppears in Block 11 or on an
SIGNATU	JRE:	The Jew !	Danie 10	1. Latta alulas	422-6200
J. J	SIGNATURE AND TYPED OR	RINTED NAME OF SIGNING OFFICER	OR DIRECTOR	Date	Daytime Phone