

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90232 001 ***150.00

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

DOCUMENT # **S70419**

1. Entity Name

EAST COAST TRANSPORT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2045 W. Memorial Blvd.

3. Mailing Address
P.O. Box 168

Suite, Apt. #, etc.

Suite 1 Union 76 Truck Stop

Suite, Apt. #, etc.

City & State
Lakeland, FL

City & State
Paulsboro, NJ

Zip
33815

Country
US

Zip
08066

Country
US

4. FEI Number
593087195

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
William M. Midyette, III, Esquire

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

Suite 300

City
Lakeland FL Zip Code
33801

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, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1, May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
Daniel J. Latta
#11 Mt. Royal Plaza
Paulsboro, NJ 08066

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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)(f), 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel J. Latta 3/4/02 423-6200

Date

Daytime Phone #

CR2E034B (12/01)