

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90048 038 ***150.00

DOCUMENT # S70419

1. Entity Name
EAST COAST TRANSPORT, INC.



Principal Place of Business
**2045 W MEMORIAL BLVD SUITE 1
UNION 76 TRUCK STOP
LAKELAND FL 33815**

Mailing Address
**P.O. BOX 168
PAULSBORO NJ 08066
US**

90002162



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3087195**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MIDYETTE, WILLIAM M., III ESQ.
2012 SOUTH FLORIDA AVENUE
LAKELAND FL 33803**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD**
NAME **LATTA, DANIEL J** ☐ Delete
STREET ADDRESS **#11 MT. ROYAL PLAZA**
CITY-ST-ZIP **PAULSBORO NJ 08066**

TITLE _____
NAME _____ ☐ Change ☐ Addition
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
NAME _____ ☐ Delete
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
NAME _____ ☐ Change ☐ Addition
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
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STREET ADDRESS _____
CITY-ST-ZIP _____

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NAME _____ ☐ Change ☐ Addition
STREET ADDRESS _____
CITY-ST-ZIP _____

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

REQUIRED

Daniel J. Latta

(856)

473-6200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)