

2002 UNIFORM BUSINESS REPORT (UBR)

040174 AV

DOCUMENT # P00000039631

1. Entity Name
KWW TRANSPORTATION, INC.

FILED

02 FEB -1 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1067 S OCEAN BLVD
PALM BEACH FL 33480

Mailing Address
1067 S OCEAN BLVD
PALM BEACH FL 33480

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 06-1579393

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name NRAI Service, Inc.

Street Address (P.O. Box Number is Not Acceptable)
526 E Park Avenue Suite 105

Tallahassee, FL 32301

City Tallahassee FL Zip Code 32301

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  Jessica McCaul, Assistant Secretary

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

(NOTE: Registered Agent signature required when reinstating)

DATE 1/31/02

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME COLEMAN, JOHN J
STREET ADDRESS 1067 S OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL 33480

TITLE P/D ☒ Change ☐ Addition
NAME Coleman, John J.
STREET ADDRESS 1067 South Ocean BLVD.
CITY-ST-ZIP Palm Beach, FL 33480

TITLE D ☐ Delete
NAME HINES, EDWARD F JR
STREET ADDRESS 63 SALEM ST
CITY-ST-ZIP ANDOVER FL 01810

TITLE T/S/D ☒ Change ☐ Addition
NAME Hines, Edward F. Jr.
STREET ADDRESS 63 Salem Street
CITY-ST-ZIP Andover, MA 01801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
600004912626--5
-02/12/02--01075--010
****750.00 ****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

SIGNATURE:  Edward F. Hines, Jr.
Signature and typed or printed name of signing officer or director

1-30-02 (781) 274-7101

Date Daytime Phone #

CR2E034 (9/01)