

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

#150

DOCUMENT # P00000039631

1. Entity Name
KWW TRANSPORTATION, INC.



FILED

03 JAN 14 PM 2:19

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

Name

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

100012319181
02/11/03--01074--005 **750.00

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

TITLE PTSD
NAME Kristina W. Watkins ☒ Change ☐ Addition
STREET ADDRESS 1067 S. Ocean BLVD.
CITY-ST-ZIP Palm Beach, FL 33480

TITLE TSD
NAME HINES, EDWARD F JR ☒ Delete
STREET ADDRESS 63 SALEM ST
CITY-ST-ZIP ANDOVER MA 01810

TITLE AS
NAME Nolly E. Corley ☐ Change ☒ Addition
STREET ADDRESS 20 Bellaire Road
CITY-ST-ZIP Boston, MA 02131

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED
Nolly E. Corley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst Secretary

Date

1/10/03

Daytime Phone #

781-274-7101

CR2E034 (10/02)