

05-13-2002 90091 013 \*\*\*150.00

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

**DOCUMENT #**  
 1. Entry Name  
 P00000043732  
 Donna Kingsley Trucking, Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
 2256 Taylor Lane  
 Suite, Apt. #, etc.

3. Mailing Address  
 same  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 West Palm Beach, FL

City & State  
 West Palm Beach, FL

Zip  
 33415

Country  
 Palm Beach

4. FEI Number  
 65-1010690

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  
 Donna Kingsley

Street Address (P.O. Box Number is Not Acceptable)  
 2256 Taylor Lane

City  
 West Palm Beach FL Zip Code  
 33415

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 title if applicable. (NOTE: Registered Agent signature required when releasing.) (DATE)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

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	Donna Marie Kingsley 2256 Taylor Lane West Palm Beach, FL 33415	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 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 all other like empowered.

SIGNATURE: Donna Kingsley 501  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/23/02 432-8992  
 Date Daytona Phone #

CR2E034B (12/01)