

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 312238

1. Entity Name  
**D & K TRANSPORT, INC.**

**FILED**  
**Feb 22, 2001 8:00 am**  
**Secretary of State**

02-22-2001 90121 021 \*\*\*158.75

Principal Place of Business  
15515 US 301  
DADE CITY FL 33523-2410  
US

Mailing Address  
P.O. BOX 189  
DADE CITY FL 33526-0189  
US



DO NOT WRITE IN THIS SPACE

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	<b>59-1202794</b>	Applied For	
		Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>WALLER, CHARLES D.</b> <b>37927 LIVE OAK AVE</b> <b>DADE CITY FL 33525</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	<b>FL</b>

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---	---

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	<b>SURRATT, BILL M JR</b>	NAME	
STREET ADDRESS	<b>15515 US 301</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DADE CITY FL</b>	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	<b>LINDSAY, KENNETH W JR</b>	NAME	
STREET ADDRESS	<b>15515 US 301</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DADE CITY FL</b>	CITY-ST-ZIP	
TITLE	ASD	TITLE	
NAME	<b>SURRATT, ANITA GAIL</b>	NAME	
STREET ADDRESS	<b>15515 US 301</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DADE CITY FL 33523-2410</b>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Bill M. Surratt Jr **BILL M. SURRATT, JR** PRESIDENT 2/19/2001 (352) 567-5161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)