

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

FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 90119 027 ***150.00

DOCUMENT # G00772

1. Entity Name
K W TRUCKING CO.



Principal Place of Business
1300 S FRENCH AVE
5
SANFORD FL 32771
US

Mailing Address
P O BOX 1965
P O BOX 1965
SANFORD FL 32772
US

2. Principal Place of Business

3. Mailing Address

1300 S. French Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

18

City & State

City & State

Sanford FL

Zip

Country

Zip

Country

32771

US

6. Name and Address of Current Registered Agent

4. FEI Number **59-2226014**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

YATES, EVELENA PUGH
100 MAJESTIC FOREST RUN
SANFORD FL 32771

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	P	<input type="checkbox"/> Delete
NAME	YATES, EVELENA P	
STREET ADDRESS	100 MAJESTIC FOREST RUN	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BEVERLY, HOPE Y	
STREET ADDRESS	1525 EMMETT AVE	
CITY-ST-ZIP	SANFORD FL 32771	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 12, 2003 **407-322-4274**

Date

Daytime Phone #

CR2E034 (10/02)