

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90015 043 ***150.00

DOCUMENT # P00000014846

1. Entity Name

JOHN H. KEMPTER TRUCKING, INC.

Principal Place of Business

**1019 HAMMOCK SHADE DRIVE
 LAEKLAND FL 33809**

Mailing Address

**1026 WILDER ROAD
 LAEKLAND FL 33809**

2. Principal Place of Business

4883 Williamstown Blvd.

Suite, Apt. #, etc.

3. Mailing Address

P.O. 92711

Suite, Apt. #, etc.

City & State

LakeLand, FL

City & State

LakeLand, FL

Zip

33809

Country

USA

Zip

33804-2711

Country

Polk

4. FEI Number

59-3459094

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

KEMPTER, JOHN H

1019 HAMMOCK SHADE DRIVE

LAEKLAND FL 33809

7. Name and Address of New Registered Agent

Name **John H. Kempter.**

Street Address (P.O. Box Number is Not Acceptable)
4883 Williamstown Blvd.

City **LakeLand**

FL

Zip Code **33809**

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 reinstating)

DATE _____

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

TITLE ☐ Delete
 NAME **PSTD**
 STREET ADDRESS **KEMPTER, JOHN H**
 CITY-ST-ZIP **1019 HAMMOCK SHADE DRIVE
 LAEKLAND FL 33809**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H. Kempter President

1-11-02

Date

(863) 859-7983

Daytime Phone #

CR2E034 (9/01)