

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

0503281 AV

DOCUMENT # P00000014846

1. Entity Name
JOHN H. KEMPTER TRUCKING, INC.



Principal Place of Business
4883 WILLIAMSTOWN BLVD
LAKE LAND FL 33809

Mailing Address
P.O. BOX 92711
LAKE LAND FL 33804-2711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE LAND

City & State

LAKE LAND

Zip

Country

Zip

Country

4. FEI Number **59-3459094**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

KEMPTER, JOHN H
4883 WILLIAMSTOWN BLVD
LAKE LAND FL 33809

7. Name and Address of New Registered Agent

Name

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

City

LAKE LAND

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **4883 WILLIAMSTOWN BLVD**
CITY-ST-ZIP **LAKE LAND, FL 33809**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

TITLE ☐ **Delete**
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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 *John H. Kempter* **JOHN KEMPTER, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/03 (863)698-8519

Date Daytime Phone #

CR2E034 (10/02)