

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

DOCUMENT # P00000016041

1. Entity Name

THE KING'S KID AUTO TRANSPORT, INC.

FILED

02 JUN 13 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

265 WILLOW STREET

Suite, Apt. #, etc.

3. Mailing Address

265 WILLOW STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MONTICELLO, FL

City & State

MONTICELLO, FL

4. FEI Number

59-3624647

Applied For

Not Applicable

Zip

32344

Country

Zip

32344

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CURTIS, PHILLIP A.

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

265 WILLOW STREET

City

MONTICELLO

FL

Zip Code  
32344

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 *Phillip A. Curtis*  
Signature, typed or printed name of registered agent and title if applicable.

*PHILLIP A. CURTIS*  
(NOTE: Registered Agent signature required when reinstating)

*6/7/02*  
DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

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	D/P/S/T CURTIS, PHILLIP A. 265 WILLOW STREET MONTICELLO, FL 32344	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600005910516--7 06/21/02 01074 001 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CURTIS, TONI D. 265 WILLOW STREET MONTICELLO, FL 32344	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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: *Toni D. Curtis* TONI D. CURTIS

*6/7/02*  
DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #