

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90292 022 ***150.00

DOCUMENT # P00000025619

1. Entity Name

KAY/JAY TRANSPORTATION & COURIER SERVICES, INC.

Principal Place of Business

**600 SHARAR AVE.
 OPALOCKA FL 33054**

Mailing Address

**600 SHARAR AVE.
 OPALOCKA FL 33054**

2. Principal Place of Business

3. Mailing Address

P.O. Box 541332

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OPALOCKA FL

Zip

Country

Zip

Country

33054

USA

4. FEI Number

65-0990740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FENTON, FRED
 12121 NE 16TH AVE.
 MIAMI FL 33161**

Name

Barbara JACKSON

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

3061 THAMES WAY

City

MIRAMAR

FL

Zip Code

33025

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

CHANGED TO
FRED FENTON
BARBARA JACKSON

DATE

2/7/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WILLIAMS, KENNETH D**
 CITY-ST-ZIP **600 SHARAR AVE.
 OPALOCKA FL 33054**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WILLIAMS, JACQUELINE M**
 CITY-ST-ZIP **600 SHARAR AVE.
 OPALOCKA FL 33054**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Kenneth D. Williams

Kenneth D. Williams

2/2/01

(305)

687-8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)