

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90041 045 ***150.00

DOCUMENT # P00000031282
1. Entity Name KPD + SONS TRUCKING, INC.

Principal Place of Business 1859 BEL COURT
 INDIALANTIC, FL 32903
Mailing Address SAME

2. Principal Place of Business 1859 BEL COURT
 Suite, Apt. #, etc. _____
3. Mailing Address SAME
 Suite, Apt. #, etc. _____
City & State INDIALANTIC
City & State SAME

Zip 32903 **Country** USA **Zip** _____ **Country** _____

770106
 DO NOT WRITE IN THIS SPACE
4. FEI Number: 593634855 **Applied For**
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

7. Name and Address of New Registered Agent
 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.
SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **10. Election Campaign Financing Trust Fund Contribution.** **\$5.00 May Be Added to Fees**

FILE NOW! FEE IS \$130.00
AFTER MAY 1, 2001, Fee will be \$550.00
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS

| | |
|-----------------------|--|
| TITLE | PRESIDENT <input type="checkbox"/> Delete |
| NAME | KEN P. DABKOWSKI |
| STREET ADDRESS | 1859 BEL COURT |
| CITY-ST-ZIP | INDIALANTIC FL. 32903 |
| TITLE | VICE PRESIDENT <input type="checkbox"/> Delete |
| NAME | NAUCY A. DABKOWSKI |
| STREET ADDRESS | 1859 BEL COURT |
| CITY-ST-ZIP | INDIALANTIC, FL. 32903 |
| TITLE | _____ <input type="checkbox"/> Delete |
| NAME | _____ |
| STREET ADDRESS | _____ |
| CITY-ST-ZIP | _____ |
| TITLE | _____ <input type="checkbox"/> Delete |
| NAME | _____ |
| STREET ADDRESS | _____ |
| CITY-ST-ZIP | _____ |
| TITLE | _____ <input type="checkbox"/> Delete |
| NAME | _____ |
| STREET ADDRESS | _____ |
| CITY-ST-ZIP | _____ |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|-----------------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | _____ |
| STREET ADDRESS | _____ |
| CITY-ST-ZIP | _____ |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | _____ |
| STREET ADDRESS | _____ |
| CITY-ST-ZIP | _____ |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | _____ |
| STREET ADDRESS | _____ |
| CITY-ST-ZIP | _____ |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: *Ken Dabkowski* **KEN DABKOWSKI** 4/30/01

CR2E034 (11/00)