

**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  
 INDIANLANTIC, 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** INDIANLANTIC  
**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 resigning)

**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 \$130.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KEN T. DABKOWSKI 1859 BEL COURT INDIANLANTIC FL. 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT NANCY A. DABKOWSKI 1859 BEL COURT INDIANLANTIC, FL. 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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)