

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90117 010 ***550.00

DOCUMENT # P00000055945

1. Entity Name

K. S & K TRUCK LINES INC

Principal Place of Business

**6320 SW 10TH CT.
 N. LAUDERDALE FL 33068**

Mailing Address

**6320 SW 10TH CT.
 N. LAUDERDALE FL 33068**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1016392

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

**GAYLE, NORMAN
 6320 SW 10TH CT.
 N. LAUDERDALE FL 33068**

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. 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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **P** ☐ Delete
 NAME **GAYLE, NORMAN**
 STREET ADDRESS **6320 SW 10TH CT.**
 CITY-ST-ZIP **N. LAUDERDALE FL 33068**

TITLE **President** ☐ Change ☐ Addition
 NAME **NORMAN GAYLE**
 STREET ADDRESS **6320 SW 10TH CT**
 CITY-ST-ZIP **N. LAUDERDALE, FL 33068**

TITLE **GM** ☐ Delete
 NAME **GAYLE, JUDITH M**
 STREET ADDRESS **6320 SW 10TH CT.**
 CITY-ST-ZIP **N. LAUDERDALE FL 33068**

TITLE **GM** ☐ Change ☐ Addition
 NAME **JUDITH GAYLE**
 STREET ADDRESS **6320 SW 10TH CT**
 CITY-ST-ZIP **N. LAUDERDALE FL 33068**

TITLE **V** ☒ Delete
 NAME **GAYLE, GARY P**
 STREET ADDRESS **6320 SW 10TH CT.**
 CITY-ST-ZIP **N. LAUDERDALE FL 33068**

TITLE **V** ☐ Change ☒ Addition
 NAME **MICHAEL GAYLE**
 STREET ADDRESS **6320 SW 10TH CT**
 CITY-ST-ZIP **N. LAUDERDALE, FL 33068**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Norman Gayle*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/02
 Date

954-957-7454
 Daytime Phone #

CR2E034 (4/02)