

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

04-19-2001 90310 021 ***150.00

U111438 AI

DOCUMENT # P00000067808

1. Entity Name
S K LOGISTIC SERVICES, INC.

Principal Place of Business
537 TOM SAWYER LANE
CRESTVIEW FL 32536

Mailing Address
537 TOM SAWYER LANE
CRESTVIEW FL 32536



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 City & State

Zip
 Country

4. FEI Number
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BRITAIN, SHIRLEY
537 TOM SAWYER LANE
CRESTVIEW FL 32536

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 _____
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 12, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRITAIN, SHIRLEY 537 TOM SAWYER LANE CRESTVIEW FL 32536	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KUHBLANK, ROBERT 537 TOM SAWYER LANE CRESTVIEW FL 32536	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Shirley Britain* **REQUIRED** 7-27-01 (850)683-8117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachment Doc# P00000067808
10853

S K Logistic Services, Inc.
537 Tom Sawyer Lane
Crestview, FL 32536

July 19, 2001

Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

RE: 2001 Uniform Business Report P00000067808

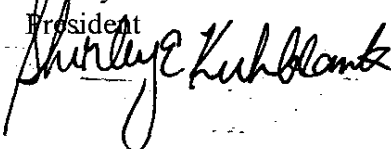
Dear Sir or Madam:

Attached is a copy of a letter mailed to your office on June 22, 2001, explaining the difference in the original UBR that was filed on April 13, 2001. This should clear up request for payment of an overdue UBR that you mailed to us last week.

If you have any questions, please contact me.

Sincerely,

Shirley E. Kublank
President



Attachment Doc# 10 853
P00000067808
S K Logistic Services, Inc.
537 Tom Sawyer Lane
Crestview, FL 32536

June 22, 2001

Division of Corporations
Florida Department of State
P. O. Box 6327
Tallahassee, FL 32314

RE: S K Logistic Services, Inc. P00000067808

Dear Ladies and Gentlemen:

We recently received your correspondence indicating that our Annual Report/Uniform Business Report for 2001 had not been filed. The reason stated was that the person signing the report is not listed as a current officer/director of the corporation.

The person who signed the report on April 13, 2001 as shown on the attached copy of the Annual Report is Shirley E. Kuhblank (formerly Shirley Brittain) who is and has been the president of the corporation from its inception. Shirley Brittain was married to Robert Kuhblank in January 2001, and thus her formal name is now Shirley E. Kuhblank. We have attached a copy of the official Marriage Record from the State of Florida to this correspondence.

Section 12 of the Annual Report was not completed to show changes to the Officers/Directors for the year 2001. This was an error on our part. Attached is the Annual Report that you returned to us, with the Section 12 properly completed for Shirley's name change.

Please accept our Annual Report as amended, and process our corporation's report as soon as possible. We thank you in advance for your prompt and favorable consideration of this letter.

Sincerely,

Shirley E. Kuhblank
President

Robert Kuhblank
Secretary/Treasurer

FILE COPY

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P0000067808**

1. Entity Name

S K LOGISTIC SERVICES, INC.

Principal Place of Business

**537 TOM SAWYER LANE
CRESTVIEW FL 32536**

Mailing Address

**537 TOM SAWYER LANE
CRESTVIEW FL 32536**

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

59-3658068

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional**

Fee Required

6. Name and Address of Current Registered Agent

**BRITTAIN, SHIRLEY
537 TOM SAWYER LANE
CRESTVIEW FL 32536**

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

Signature, typed or printed name of registered agent and State if applicable.

(NOTE: Registered Agent signature required when re-registering)

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 \$160.00
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRITTAIN, SHIRLEY	
STREET ADDRESS	537 TOM SAWYER LANE	
CITY-ST-ZIP	CRESTVIEW FL 32536	

TITLE	STD	<input type="checkbox"/> Delete
NAME	KUHBLANK, ROBERT	
STREET ADDRESS	537 TOM SAWYER LANE	
CITY-ST-ZIP	CRESTVIEW FL 32536	

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		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shirley E. Kuhblank	
STREET ADDRESS	537 Tom Sawyer Lane	
CITY-ST-ZIP	Crestview, FL 32536	

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		

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 officer 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 or without the empowered.

SIGNATURE:

Shirley E. Kuhblank

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

4-13-01

Date

Daytime Phone #

CREST04 (10/00)

Attachment
Doc# P000000617808/0853

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

**CERTIFIED A TRUE
AND CORRECT COPY
CLERK CIRCUIT COURT
NEWMAN C. BRACKIN**

BY *Karen L. Gast*
DEPUTY CLERK

010020035
(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) ROBERT WILLIAM KUHBLANK		2. DATE OF BIRTH (Month, Day, Year) Jan. 30, 1957	
3a. RESIDENCE - CITY, TOWN, OR LOCATION CRESTVIEW	3b. COUNTY OKALOOSA	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) WASHINGTON
5a. BRIDE'S NAME (First, Middle, Last) SHIRLEY ESTREMER BRITTAIN		5b. MAREM SURNAME (if different)	
7a. RESIDENCE - CITY, TOWN, OR LOCATION CRESTVIEW	7b. COUNTY OKALOOSA	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) PHILIPPINES

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOW THE SUBJECT OF THIS LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink)

10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)

Jan. 10, 2001

11. TITLE OF OFFICIAL (Use black ink)
DEPUTY CLERK

12. SIGNATURE OF OFFICIAL (Use black ink)

13. SIGNATURE OF BRIDE (Sign full name using black ink)

14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)

Jan. 10, 2001

15. TITLE OF OFFICIAL (Use black ink)
DEPUTY CLERK

16. SIGNATURE OF OFFICIAL (Use black ink)

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE
OKALOOSA

18. DATE LICENSE ISSUED
01-10-01

19a. DATE LICENSE EFFECTIVE
01-13-01

19. EXPIRATION DATE
03-14-01

20a. SIGNATURE OF COURT CLERK OR JUDGE
Newman C. Brackin

20b. TITLE
CLERK OF COURT

20c. BY D.C.
[Signature]

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year)
01-19-01

22. CITY, TOWN, OR LOCATION OF MARRIAGE
CRESTVIEW

23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)
Karen L. Gast

23c. ADDRESS (Of person performing ceremony)
101 E. JAMES LEE BLVD, CRESTVIEW, FLORIDA

23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY
(For notary stamp)
KAREN L. GAST, DEPUTY CLERK

24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)
Isabelle Kuhler

25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)
Shirley Brittain

INFORMATION BELOW FOR USE BY

GROOM	26. SOCIAL SECURITY NUMBER 535-64-2824	27. RACE Caucasian	28. WERE PREPARED <input type="checkbox"/>
	29. SOCIAL SECURITY NUMBER 612-28-9458	30. RACE Oriental	31. WERE PREPARED <input type="checkbox"/>

Florida
DRIVER LICENSE
CLASS E



The Sunshine State

LICENSE NUMBER

K145-785-68-840-0

SHIRLEY ESTREMER KUHBLANK
657 TOM SAWYER LANE
CRESTVIEW, FL 32506-0204

BIRTH DATE SEX HT. WGT. EYES

04-28-56 F 4-11 B

ISSUED 04-28-00 EXPIRES 04-28-06

ENDORSE 02-08-01

FEI 785

MARRIAGE ISSUED

/10/1996

FEI 350

MARRIAGE ISSUED

/28/1994