

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000088596

1. Entity Name
K & W TRANSPORTATION, INC.



Principal Place of Business
166 JENKINS AVE.
BROOKSVILLE FL 34609

Mailing Address
166 JENKINS AVE.
BROOKSVILLE FL 34609

FILED

04 MAY -4 PM 5:02

SECRETARY OF STATE
TALLAHASSEE



2. Principal Place of Business
K & W TRANSPORTATION
Suite, Apt. #, etc.
3021 COUNTY RD 31
City & State
CLEARWATER FL

3. Mailing Address
3021 COUNTY RD 31
Suite, Apt. #, etc.
3021 COUNTY RD 31
City & State
FLA

4. FEI Number 59-3664940

Applied For
Not Applicable

☒ CHECK HERE IF MAKING CHANGES

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

6. Name and Address of Current Registered Agent

CARPENTER, WARREN
166 JENKINS AVE.
BROOKSVILLE FL 34609

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Accepted)
3021 COUNTY RD 31
CLEARWATER FL
City
CLEARWATER FL FL Zip Code
33759

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 *Warren Carpenter*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12-26-03

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CARPENTER, WARREN 166 JENKINS AVE. BROOKSVILLE FL 34609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WARREN CARPENTER 3021 COUNTY RD 31 CLEARWATER FLA 33759	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WARREN CARPENTER 3021 COUNTY RD 31 CLEARWATER FLA 33759	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Phone # 330 538 0709 Cell 352 263 4585	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100026623761 01/09/04--01081--011 ***750.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100026623761 05/11/04--01047--031 ***150.00	<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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-26-03

0141868 AT

CR2E034 (4/03)