Apr 25, 2003 8:00 am & Secretary of State

04-25-2003 90275 029 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P01000018843

1. Entity Name



RDK MUNICIPAL TRUCK CENTER, INC.											
3214 ADAMO DRIVE 321			Mailing Address 3214 ADAMO DRIVE TAMPA FL 33605								
2. Principal Place of Business 3		3. Mai	3. Mailing Address					 			
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City	City & State			4. FEI Number 59-3699730 Applied For Not Applicabl					
Zip	Country	Zip		Country		5. Ce	ertificate of Status Desired		\$8.75 Fee Rec		
	6. Name and Address of Currer	t Registere	ed Agent				me and Address of New Regi				
				Name					<u>~</u>	 - =	
KENNER, RICHARD D 3214 ADAMO DRIVE			Street Address (P.C			P.O. Bo:	x Number is Not Acceptable)				
TAMPA FL 33605					<u></u>						
	v			City				FI	Zip	Code	
	e named entity submits this statement tions of registered agent.	for the purp	ose of changing its re	egistered office of	or registere	ed ager	nt, or both, in the State of Florida	a. Iam	familiar v	rith, a	nd accept
SIGNATURE	Signature, typed or printed name of registered age	nt and title if app	licable. (NOTE: F	Registered Agent signs	ture required	when rein:	stating)	DATE	<u>-</u>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Financ Trust Fund Contribution.				May Be to Fees
10.	OFFICERS AN	D DIRECTO	RS	11.		ADD	ITIONS/CHANGES TO OFFICE	RS AN	D DIRECT	ORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS KENNER, RICHARD D 3214 ADAMO DRIVE TAMPA FL 33605		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					□ Char	ge	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Chan	ge	☐ Addition
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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:

WUNTER.

(813)241-0711