FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91214 047 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000025917

1. Entity Name
KAMKEE TRANSPORT, INC.

11005254

Principal Place of Business	Mailing Address
2310 SE BORDEAUX ct PORT SAINT LUCIE, FL 34952	8661 CLARIDGE DR MIRAMAR, FL 33025

2. Principal Place of Business		3. Mailing Address	
		2310 SE Bordeaux ct	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Po	
City & State		City & State Port St Lucie fl	
Zip	Country	Zip 34952	Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1081395 ☐ 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
BUCKNOR, KIRK 2310 S BORDEAUX CT PORT SAINT LUCIE, FL 34952	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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE C- President NAME BCKNOR, KIRK STREET ADDRESS 2310 SE Bordeaux ct CITY-ST-ZIP Port St Lucie Fl 34952	☐ Delete	TITLE President NAME Bucknor Kirk STREET ADDRESS 2310 SE Bordeaux ct CITY-ST-ZIP Port st Lucie fl 34952	☒ Change ☐ Addition
TITLE Vice President NAME Bucknor JoAnne STREET ADDRESS 2310 SE Bordeaux ct CITY-ST-ZIP Port St Lucie fl 34952	☐ Delete	TITLE Vice President NAME Bucknor JoAnne STREET ADDRESS 2310 SE Bordeaux ct CITY-ST-ZIP Port st Lucie fl 34952	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: Kirk Bucknor Pres Kirk Bucknor President 4-17-03 398-2352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #