

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90118 033 ***150.00

DOCUMENT # P02000045583

1. Entity Name
KSG TRANSPORTATION, INC.



Principal Place of Business
1475 NE 17TH COURT
UNIT 1
FORT LAUDERDALE FL 33305

Mailing Address
1475 NE 17TH COURT
UNIT 1
FORT LAUDERDALE FL 33305

2. Principal Place of Business
1475 NE 17th Ct
Suite, Apt. #, etc.
Unit 2

3. Mailing Address
1475 NE 17th Ct
Suite, Apt. #, etc.
Unit 2

City & State
Fort Lauderdale, Florida
Zip
33305
Country
Broward

City & State
Fort Lauderdale, Florida
Zip
33305
Country
Broward

4. FEI Number
03-0429491

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

GRAVES, KENNETH S
1475 NE 17TH COURT
UNIT 1
FORT LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

Name
Kenneth S. Graves
Street Address (P.O. Box Number is Not Acceptable)
1475 NE 17th Court
Unit 2
City
FL Lauderdale
FL
Zip Code
33305

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

President
(NOTE: Registered Agent signature required when reinstating)

4-6-03
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE
D ☐ **Delete**
NAME
GRAVES, KENNETH S
STREET ADDRESS
1475 NE 17TH COURT, UNIT 1
CITY-ST-ZIP
FORT LAUDERDALE FL 33305

TITLE
D ☐ **Delete**
NAME
CICONE, SUSAN M
STREET ADDRESS
1475 NE 17TH COURT, UNIT 1
CITY-ST-ZIP
FORT LAUDERDALE FL 33305

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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]* **SIGNATURE REQUIRED** **Kenneth S. Graves** **4-6-03** **954-683-9428**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)