

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

04-21-2003 90379 047 ***150.00

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

DOCUMENT # P02000056114 1. Entity Name D.K.W. TRANSPORT, INC.		
Principal Place of Business 20937 ST. ANDREWS BLVD., #22 BOCA RATON, FL 33433		Mailing Address 20937 ST. ANDREWS BLVD., #22 BOCA RATON, FL 33433
2. Principal Place of Business 5845 E Fox Hollow Dr.		3. Mailing Address 5845 E Fox Hollow Drive
Suite, Apt. #, etc. 		Suite, Apt. #, etc.
City & State Boca Raton FL		City & State Boca Raton FL
Zip 33486		Zip 33486
Country USA		Country USA
4. FEI Number 35-2169080		☐ 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 WILLIAMS, REGINALD 20937 ST. ANDREWS BLVD., #22 BOCA RATON, FL 33433		7. Name and Address of New Registered Agent Name (same) Street Address (P.O. Box Number is Not Acceptable) 5845 E Fox Hollow Drive City Boca Raton FL Zip Code 33486
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 Reginald Williams Reginald Williams 4.7.03 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent Signature required when substituting)		
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	D ☐ Delete WILLIAMS, REGINALD 20937 ST. ANDREWS BLVD., #22 BOCA RATON, FL 33433	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☒ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP same 5845 E Fox Hollow Drive Boca Raton FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete WILLIAMS, TAMMI B 20937 ST. ANDREWS BLVD., #22 BOCA RATON, FL 33433	☒ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP same 5845 E Fox Hollow Drive Boca Raton FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: Reginald Williams Reginald Williams 4.7.03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

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CR2034 (10/02)