


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

<b>DOCUMENT #</b> P03000063748	
<b>1. Entity Name</b> KINART TRANSPORTATION, INC.	

FILED

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SECRET  
DATE  
FILED

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 2014 SYDNEY-DOVER RD. Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.	
City & State SYDNEY, FL		City & State	
Zip 33587	Country HILLSBOROUGH	Zip	Country

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 56-2368826		Applied For Not Applicable
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
	<b>7. Name and Address of Current Registered Agent</b>		
	Name MICHAEL KINART Street Address (P.O. Box Number Is Not Acceptable) 2014 SYDNEY-DOVER RD. City SYDNEY, FL FL Zip Code 33587		

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

600058401156

08/09/05--01068--008 \*\*300.00

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	PRESIDENT MICHAEL KINART 2014 SYDNEY-DOVER RD. SYDNEY, FL 33587
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CR2ED348 (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Kinart*

MICHAEL KINART

813-928-5667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Only

Daytime Phone #

Michael Kinart  
2014 Sidney – Dover Road  
Sydney, Fl 33587  
813-928-5667

July 25, 2005

Florida Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, Florida 32314

RE: Kinart Transportation, Inc.  
2004 & 2005 Annual Report  
Document # P03000063748  
EIN # 56-2368826

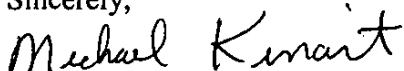
To Whom It May Concern:

When I started this business in 2003, I filed the paperwork and thought that was all I had to file for the State. I am a long-haul truck driver and spend most of the year on the road and out of the State. My wife handled all the mail and other paper work while I was on the road.

I was not aware that an Annual Report needed to be filed and, as far as I know, never received any notification that I needed to or was late. I found that I had been administratively dissolved when I went to open a bank account.

I am enclosing a check for \$ 300.00 and request that you reinstate this corporation and grant me relief on any penalties that may have resulted from my not filing. I thank you in advance for your understanding and compassion in this matter. Also attached is a filled-in annual report.

Sincerely,



Michael Kinart  
Officer

Enclosure