

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P950000068017**
 1. Entity Name **K&K Mobile Truck Repair Inc.**

FILED
May 10, 2000 8:00 am
Secretary of State
 05-10-2000 90181 022 ***150.00

Principal Place of Business **12163 73rd Ct. N.**
W.P.B., FL. 33412
 Mailing Address **Same**

2. Principal Place of Business **12163 73rd Ct. N.**
 Suite, Apt. #, etc.
 3. Mailing Address **12163 73rd Ct. N.**
 Suite, Apt. #, etc.

City & State **W.P.B., FL.**
 Zip **33412** Country **P. Beach**
 City & State **W.P.B., FL.**
 Zip **33412** Country **Palm Beach**

4. FEI Number **65-0612567**
 Applied For ☐ Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE	President	<input type="checkbox"/> Delete	
NAME	Kevin L. Farraker		
STREET ADDRESS	12163 73rd Ct. N.		
CITY-ST-ZIP	W.P.B., FL. 33412		
TITLE	Vice President	<input type="checkbox"/> Delete	
NAME	Kathleen A. Farraker		
STREET ADDRESS	12163 73rd Ct. N.		
CITY-ST-ZIP	W.P.B., FL. 33412		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Kevin L. Farraker** **Kevin L. Farraker President** **4-30-00** **561-333-3552**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)