

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90092 023 \*\*\*150.00

**DOCUMENT # P96000026926**

1. Entity Name

**K. C. DEVRIES TRUCKING, INC.**

Principal Place of Business

**33421 SERENE DR  
PUNTA GORDA FL 33982**

Mailing Address

**33421 SERENE DR  
PUNTA GORDA FL 33982**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0693617**

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

**DEVRIES, KENNETH C  
33421 SERENE DR  
PUNTA GORDA FL 33982**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPVT	DEVRIES, KENNETH C	33421 SERENE DR	PUNTA GORDA FL 33982	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME <td>STREET ADDRESS<td>CITY-ST-ZIP</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME <td>STREET ADDRESS<td>CITY-ST-ZIP</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME <td>STREET ADDRESS<td>CITY-ST-ZIP</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME <td>STREET ADDRESS<td>CITY-ST-ZIP</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME <td>STREET ADDRESS<td>CITY-ST-ZIP</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME <td>STREET ADDRESS<td>CITY-ST-ZIP</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

**Kenneth C. Devries**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

LORICCO, WILLIAMS, CROSLAND AND JOINER, C.P.A.'S, P.A.  
CERTIFIED PUBLIC ACCOUNTANTS

*A Hackmen +*  
*#96000026926*  
*A0071902*

CARLO J. LORICCO, C.P.A.  
DON E. WILLIAMS, C.P.A.  
BRIAN W. CROSLAND, C.P.A.  
J. SCOTT JOINER, C.P.A.

3005 CARING WAY, SUITE A  
POST OFFICE BOX 3179  
PORT CHARLOTTE, FLORIDA 33949  
TELEPHONE (941) 629-1197  
FAX (941) 629-5274

MEMBERS  
AMERICAN INSTITUTE OF CERTIFIED  
PUBLIC ACCOUNTANTS  
FLORIDA INSTITUTE OF CERTIFIED  
PUBLIC ACCOUNTANTS

August 3, 2000

Division of Corporations  
Uniform Business Report Filings  
P O Box 1500  
Tallahassee, FL 32302-1500

RE: K.C. Devries Trucking Inc.  
EIN #65-0693617  
Document #P96000026926

Dear Sir or Madam;

As a member of the accounting firm that represents K.C. Devries Trucking, Inc., Mr. Devries has asked me to respond to the "second notice" sent to them for their 2000 Uniform Business Report.

Mr. Devries reports that he never received the first notice sent out in the beginning of the year. We are submitting the notice he just received along with a check for the original amount of \$150.00 and are respectfully requesting that extra fees and penalties be waived.

In an attempt to determine why they may have not received the first notice, I asked Mr. Devries to verify that his name and address are correct on the form, and he reports that they are. Any questions or problems can be addressed to Mr. Devries or myself at the address and phone number above. Thank you.

Sincerely,

*Elizabeth Reynolds*  
Elizabeth Reynolds  
For the firm

cc: Kenneth C. Devries