

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000030152

1. Entity Name
KELOMA-TRUCKING, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90058 029 ***158.75

Principal Place of Business
7885 NW 3RD PLACE
MARGATE FL 33063

Mailing Address
7885 NW 3RD PLACE
MARGATE FL 33063-4716

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Zip
Country

City & State
Zip
Country

4. FEI Number
65-0647954

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
STEWART, BARBARA
DATATAX INC.
6331 STIRLING ROAD
DAVIE FL 33314

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 _____
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 \$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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMPKESS, KENNETH 7885 NW 3RD PLACE MARGATE FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LOUISE E. SIMPKISS 7885 NW 3RD PLACE MARGATE FL 33063
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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: [Signature] 4/15/00 954-978-2245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)