FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

2003

DOCUMENT # P96000061072

1. Entity Name

K.C. IV TRUCKING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
653 Monument Rd
Suite, Apt. #, etc.
Apt 808
City & State
JACKSONVILLE FL
Zip 32225   Country US

3. Mailing Address
653 Monument Rd
Suite, Apt. #, etc.
Apt 808
City & State
JACKSONVILLE FL
Zip 32225   Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3405996   Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Keith D Collier

Street Address (P.O. Box Number is Not Acceptable)
653 Monument Rd Apt 808

City JACKSONVILLE   FL   Zip Code 32225

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 _____   4/22/03
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	Keith D. Collier	NAME	
STREET ADDRESS	653 Monument Rd Apt 808	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   4-22-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034B (12/02)