

FILED

02 JUL -9 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000072809

1. Entity Name

Kreider Transport, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5114 E. Broadway Ave

Suite, Apt. #, etc.

3. Mailing Address

5114 E. Broadway Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa FL

Zip

33619

Country

City & State

Tampa FL

Zip

33619

Country

4. FEI Number

59-3398364

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Larry E. Moyer

Street Address (P.O. Box Number is Not Acceptable)

5114 E. Broadway Ave

City
Tampa

FL

Zip Code

33619

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

(NOTE: Registered Agent signature required when reinstating)

Larry E. Moyer

6-14-02

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$450.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

PSTD

Dale Kreider

4974 96th Street N.

St. Petersburg, FL 33708

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

Larry E. Moyer

5114 E. Broadway Ave

Tampa, FL 33619

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DO NOT WRITE
IN THIS SPACE**

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

4-29-02 813-241-2261

Date

Daytime Phone #

CR2E0348 (12/01)

7/10/02