

FILED

02 JUL -9 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amended

**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
Country
Zip
33619

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Tampa FL
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Zip
33619

4. FEI Number
59-3398364
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
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]* *Larry E. Moyer* DATE *6-14-02*
Signature of typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

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 \$550.00
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	<i>PSTD Dale Kreider 4974 96th Street N. St. Petersburg, FL 33708</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>D Larry E. Moyer 5114 E. Broadway Ave Tampa, FL 33619</i>
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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 reports 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 an attachment with an address, with all other like provisions.

SIGNATURE: *[Signature]* *4-29-02 813-241-2261*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0348 (12/01)

7/10/02