

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **997000078798**

1. Entity Name
CIRCLE K TRUCKING OF S.F.L. INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT -1 PM 3:40

Principal Place of Business Mailing Address
14955 95 LN. NORTH WEST PALM BCH. FL 33412

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

3. Mailing Address
14955 95 LN. NORTH.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WEST PALM BCH. FL.
Zip
33412
Country
U.S.A.

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Zip
33412
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4. FEI Number
65-0791737
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

Name
RANDOLPH C. LAHODNY
Street Address (P.O. Box Number is Not Acceptable)
14955 95 LN. NORTH
City
WEST PALM BCH. FL Zip Code
33412

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 **RANDOLPH C. LAHODNY** *Randolph C. Lahodny* **9-28-01**
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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution ☐

11. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
RANDOLPH C. LAHODNY
14955 95 LN. NORTH
WEST PALM BCH. FL. 33412

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300004627503-5
-10/08/01--01077--030
******300.00 ****300.00**

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition **SP**

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: **RANDOLPH C. LAHODNY** *Randolph C. Lahodny* **9-28-01** **646-6105**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)