## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P97000097423**

## KEN'S TRUCKING COMPANY

Principal Place of Business 1121 HATCHER RD MIDDLEBURG FL 32068

Mailing Address

1121 HATCHER RD MIDDLEBURG FL 32068

FILED Feb 28, 2001 8:00 am Secretary of State

02-28-2001 90042 015 \*\*\*150.00

10110W



								MAIN	
2. Principal Place of Business ;		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE	E IN THIS SP	ACE	
City & State		City & State		<b>4.</b> F	FEI Number	59-3480194			oplied For
Zip	Country	Zip Count		5. (	Certificate of	Status Desired		8.75 Ado	ditional
	6. Name and Address of Current R	egistered Agent		7. 1	Name and Ad	Idress of New Re		· · ·	
EVANS, KENNETH W 1121 HATCHER RD MIDDLEBURG FL 32068			N	Name					
			Si	Street Address (P.O. Box Number is Not Acceptable)					
			С	lity			FL	Zip Cod	e
8. The above	named entity submits this statement for	the purpose of changing it	ts registered or	ffice or registered ag	ent, or both,	in the State of Flor	ida.		
			_	o o	, ,				
SIGNATURE _		<del></del>							
	Signature, typed or printed name of registered agent an	d title if applicable. (NO	DTE: Registered Age	ent signature required when re	einstating)		DATE		
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta				on Campaign Fina Fund Contribution		<b>\$5.0</b> Added	00 May Be d to Fees
11.	OFFICERS AND D	DIRECTORS	12.	AC	DITIONS/CH	ANGES TO OFFIC	CERS AND E	IRECTOR	SIN 11
TITLE NAME STREET AODRESS CITY SF-ZIP	EVANS, KENNETH W 1121 HATCHER RD MIDDLEBURG FL 32068	. □ Delete	TITLE NAME STREET AD CITY-ST-2	l l			[	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAI STF		TITLE NAME STREET AD CITY-ST-2				[	□ Change	Addition 6
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREEF AC			1,00		Change	Addition

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 1 for Block 12 if changed, or on an attachment with an address, with all other like empowered.

ans

01-25-01