

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State
 05-23-2000 90225 006 ***150.00

DOCUMENT # P98000023440

1. Entity Name
KIEFNER TRUCKING, INC.

Principal Place of Business

**5414 CIRCLE DRIVE
 WEEKI WACHEE FL 34607**

Mailing Address

**5414 CIRCLE DRIVE
 WEEKI WACHEE FL 34607-1407**

2. Principal Place of Business

**2347 COVINGTON AVENUE
 Suite, Apt. #, etc.**

3. Mailing Address

**2347 COVINGTON AVENUE
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

SPRING HILL, FL

City & State

SPRING HILL, FL

4. FEI Number

59-3499593

Applied For

Not Applicable

Zip

Country

34608

Zip

Country

34608

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

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

City

FL

Zip Code

**PETERS, JULIE A.
 4430 SPRING LAKE HIGHWAY
 BROOKSVILLE FL 34613**

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, 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, 2000 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	P	<input type="checkbox"/> Delete
STREET ADDRESS	KIEFNER, JAMES R	
CITY-ST-ZIP	5414 CIRCLE DRIVE WEEKI WACHEE FL 34607	
TITLE NAME	ST	<input type="checkbox"/> Delete
STREET ADDRESS	KIEFNER, CINDY L	
CITY-ST-ZIP	5414 CIRCLE DRIVE WEEKI WACHEE FL 34607	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2347 COVINGTON AVENUE	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2347 COVINGTON AVENUE	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 an other like empowered.

SIGNATURE

JAMES R KIEFNER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-25-00 352-684-7800
 Daytime Phone #

CR2E034 (9/99)