2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000059447 **DOCUMENT #**

1. Entity Name



DII DD

LILLD
Apr 28, 2003 8:00 am
Apr 20, 2005 6.00 am
Secretary of State
Secretary of State
04-28-2003 91369 014 ***150.00

H & K AL	JIO TRANSPORT, INC.											
	ce of Business STREET N UNIT 2 I FL 33762	ress Street n Unit 2 R FL 33762										
2. Principal P	Place of Business	3. Mailing Address				1 HEALKOOK KIN I	0101 <u>1864</u> 864 1					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & Stat	e	City & State			4, F	1 19-1920118			Applied For]		
Zip	Country	Zip	Country			5 Certificate of Status Desired S8.				Not Applicable 75 Additional		
	6. Name and Address of Current	Booletored Age	nt .			lame and Addi			Fee Requi	red	-	
	o. Mame and Address of Current	negistered Age		Name	7. N	ame and Addi	ess of New P	egistered A	gent		1	
HEALY, LAWRENCE J				in Province diameter	Street Address (P.O. Box Number is Not Acceptable)							
	ELTNAM COURT			- Sileet Address								
NEW POF	RT RICHEY FL 34655										1	
				City				FL	Zip Co	de	1	
8. The above	named entity submits this statement for	the purpose of	changing its regis	tered office or registe	ered age	ent, or both, in t	the State of Fl		amiliar with	n, and accept	-	
	lions of registered agent.		3.3			,				.,		
SIGNATURE,												
	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Regis	stered Agent signature require	ed when rei	instating)		DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				**************************************			Campaign Find Contribution		\$5. Add	.00 May Be, , ed to Fees	3	
10.	OFFICERS AND		.			DITIONS/CHAI	VIGES TO OFF	ICERS AND	DIRECTO	BS IN 11	-	
TITLE	PTD			TITLE		DITION3/CHAI	NGES TO OFF	TOERS AND	Change		18	
NAME	HEALY, LAWRENCE J	_		NAME					_ ,	_	(10/02)	
STREET ADDRESS	7421 CHELTNAM COURT NEW PORT RICHEY FL 34655			STREET ADDRESS							F024	
CITY-ST-ZIP	VSD VSD			CITY-ST-ZIP					F7 05	- Autre	⊣ ნ	
TITLE NAME	KASE, JOSEPH G	L	= 00.00	TITLE					Change	Addition	g	
STREET ADDRESS	4672 ORANGE GROVE WAY			STREET ADDRESS								
CITY-ST-ZIP	PALM HARBOR FL 34683			CITY-ST-ZIP]	
TITLE			- 00.0.0	MTLE					☐ Change	Addition		
NAME STREET ADDRESS				NAME STREET ADDRESS							İ	
CITY-ST-ZIP				CITY-ST-ZIP							1	
TITLE	Andrew Control of the		Delete -1	MILE A	u =				☐ Change	Addition	1	
NAME			٨	IAME								
STREET ADDRESS	·			STREET ADDRESS								
CITY-ST-ZIP				CITY-ST-ZIP		Carr		· <u>-</u>			-	
TITLE NAME		ì.		TITLE IAME					☐ Change	☐ Addition		
STREET ADDRESS			1	STREET ADDRESS								
CITY-ST-ZIP				CITY-ST-ZIP							}	
TITLE	<u> </u>		Delete T	TITLE					☐ Change	Addition	1	
NAME	'		1	IAME							}	
STREET ADDRESS				TREET ADDRESS								
CITY-ST-ZIP	partify that the information assertion as	this files dees		NTY-ST-ZIP	Pootle= 1	10.07(0)(3) 51-	ride Ctatata	I frythar ar	ifi that 11-	informati	-	
ı∡. ⊤nereby c	certify that the information supplied with	uus moo does l	IDE CURINY FOR THE 6	exemption stated in S	secuon 1.	TS UZCONI EK	uda Statutes -	Littiner cert	uv mat ine	iniormation		

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 10 or Block 11 if changed, or on an attachment with a address, with all other like empowered.

SIGNATURE:

DOSHUKEDO ZEVE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES