## UNIFORM BUSINESS REPORT (UBR)

## FILED Jul 30, 2002 8:00 am DOCUMENT # P98000076097 Secrétary of State KANELL TRUCKING, INC. 07-30-2002 90376 028 \*\*\*150.00 Principal Place of Business Mailing Address 160 ALAMEDA AVE 160 ALAMEDA AVE FT. MYERS FL 33901 FT. MYERS FL 33901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0858917 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1840 MARAWILLA AVENUE #D1- 160 A lameda Ave Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 3390 City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE ☐ Change ☐ Addition KANELL, THOMAS P NAME NAME 1849 MARAVILLA AVENUE #D1 STREET ADDRESS STREET-ADDRESS FT: MYERS FL 33901 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition

 I hereby certify that the information supplied with this filling does not qualify
indicated on this report or supplemental report is true and accurate and th or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information my signature shall plays the same legal effect as if made under oath; that I am an officer or director that supplying by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver ee empowered to execu changed, or on an attachment

STREET ADDRESS CÎTY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Affachment 123021

## KANELL TRUCKING INC 160 ALAMEDA AVE FORT MYERS, FL 33905

July 27, 2002

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS P O BOX 1500 TALLAHASSEE, FL 32302

**GENTLEMEN:** 

Re: KANELL TRUCKING INC DOCUMENT# P98000076097

Enclosed please find corrected Uniform Business Report for the above corporation for the year of 2002 along with my check in the amount of \$150.00.

I am late filing this report because I had an accountant who was supposed to have filed the report but unexpectedly died prior to the due date. I was unaware this had not been done until I kept receiving notices from your office. Please abate any penalties and interest you feel can be abated due to these extenuating circumstances.

Thank you for your cooperation in this regard.

Sincerely,

THOMAS P. KANELL