

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009180

1. Entity Name

KITTY KITTY TRUCKING, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90303 001 *****8.75

05-16-2001 90303 002 ***150.00

Principal Place of Business

2260 ARCADIA DR.
 MIRAMAR FL 33023

Mailing Address

2260 ARCADIA DR.
 MIRAMAR FL 33023

D

72326

2. Principal Place of Business

10207 SW 20 CT

Suite, Apt. #, etc.

3. Mailing Address

10207 SW 20 CT

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIRAMAR FLORIDA

City & State

MIRAMAR FLORIDA

4. FEI Number

65-0892027

Applied For

Not Applicable

Zip

33025

Country

U.S.A.

Zip

33025

Country

USA.

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

CULPEPPER, STACEY P
 2260 ARCADIA DR.
 MIRAMAR FL 33023

Name

Culpepper Stacey P.

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

10207 SW 20 CT

City

MIRAMAR

FL

Zip Code

33025

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

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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 Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CULPEPPER, STACEY P	
STREET ADDRESS	2260 ARCADIA DR.	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	Chief President	<input type="checkbox"/> Delete
NAME	Culpepper Stacey P.	
STREET ADDRESS	10207 SW 20 CT	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/01 954-931-7423

CR2E034 (10/00)