2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107749 1. Entity Name K & C TRANSPORTATION, INC.

Principal Place of Business

Mailing Address

934 SOUTHWEST, 14TH STREET DEERFIELD BEACH FL 33441 934 SOUTHWEST 14TH STREET DEERFIELD BEACH FL 33441

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		

FILED May 14, 2001 8:00 am Secretary of State

05-14-2001 90263 014 ***150.00



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number 65-0967785	Applied For	
				Not Appli		
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			<u>'</u>	7. Name and Address of New Registered Agent		
BRYANT, SAMUEL J 934 SOUTHWEST 14TH STREET DEERFIELD BEACH FL 33441			Name			
		Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
			City	FL	Zip Code	
. The above r	named entity submits this statement fo	r the purpose of changin	g its registered office or rec	gistered agent, or both, in the State of Florida.		
IGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered Agent signature re	equired when reinstating) DATE		
. This corpora	ation is eligible to satisfy its Intangible	FILE NO	OW!!! FEE IS \$150.00	40 []		

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, 2001 Fee will be \$550.00 Make Check Payable to Department of State

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Addition ☐ Change NAME NAME MARY ELISE DANIELS-BRYANT STREET ADDRESS STREET ADDRESS 934 SOUTHWEST 14TH STREET CITY-ST-ZIP CITY-ST-7IP DEERFIELD BEACH FL 33441 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: May EDa D By & MARY E DANK IS BRYINT 4-30-001 954-553-643

CR2E034 (10/00