2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90289 016 ***150.00

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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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
233 NW 14Th ST	233 NW 14Th ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: POMPANO BEACH FL	City & State: POMPANO BEACH FL
Zip: 33060 Country: BROWARD	Zip: 33060 Country: BROWARD

4. FEI Number 65-0967785 ☐ Applied For ☐ Not Applicable

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
BRYANT, SAMUEL J 934 SOUTHWEST 14TH STREET DEERFIELD BEACH FL 33441	Name: MARY E DANIELS BRYANT Street Address (P.O. Box Number is Not Acceptable): 233 NW 14T ST City: POMPANO BEACH FL Zip Code: 33060

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. I am familiar with, and accept the obligations of registered agent. MARY E DANIELS BRYANT

SIGNATURE Mary E Daniels Bryant Mary E Daniels Bryant 4-26-003
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARY ELISE DANIELS-BRYANT 934 SOUTHWEST 14TH STREET DEERFIELD BEACH FL 33441	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	233 NW 14TH ST. POMPANO BEACH FL 33060	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY E DANIELS BRYANT Mary E Daniels Bryant 4-26-003 754 366 0587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)