

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V38901

1. Entity Name

W.K. TRUCKING, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90059 048 \*\*\*150.00

Principal Place of Business

~~8094 VILLAGE GREEN ROAD~~  
~~ORLANDO FL 32818~~  
6849 W. COLONIAL DRIVE  
ORLANDO, FL 32818

Mailing Address

~~8094 VILLAGE GREEN ROAD~~  
~~ORLANDO FL 32818 8955~~  
6849 W. COLONIAL DRIVE  
ORLANDO, FL 32818

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3143201

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KWOLEK, WALTER R  
8094 VILLAGE GREEN ROAD  
ORLANDO FL 32818

Name

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

City

FL

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)

DATE

9. 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | KWOLEK, WALTER R        |                                 |
| STREET ADDRESS | 6936 RIVER OAKS DR #206 |                                 |
| CITY-ST-ZIP    | ORLANDO FL              |                                 |
| 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    |                         |                                 |

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | Vice Pres.               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | ASIA C KWOLEK            |  |
| STREET ADDRESS | 6936 RIVER OAKS DR #206  |  |
| CITY-ST-ZIP    | ORLANDO, FL 32818        |  |
| TITLE          | CEO                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | GARY D. KELLER           |  |
| STREET ADDRESS | 1510 DOASHL ST.          |  |
| CITY-ST-ZIP    | MERRITT ISLAND, FL 32953 |  |
| 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            |
| 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:

WALTER R. KWOLEK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-00 407-325-3254

CR2E034 (9/99)