

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90271 024 ***150.00

DOCUMENT # **✓38901** ✓

1. Entity Name

W.K. Trucking, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6849 W. COLONIAL DR.

Suite, Apt. #, etc.

3. Mailing Address

6849 W. COLONIAL DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL.

City & State

ORLANDO, FL.

4. FEI Number

59-3143201

Applied For

Not Applicable

Zip

Country

32818-7829

ORANGE

Zip

Country

32818-7829

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

NEREIDA RIVERA

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

2036 TORREY DR.

City

ORLANDO

FL

Zip Code
32818

**DO NOT WRITE
IN THIS SPACE**

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

Walter R. Kwolek

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

(NOTE: Registered Agent signature required when reinstating)

4-24-02

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

PRES.

ASIA R. KWOLEK

6849 W. COLONIAL DR.

ORLANDO, FL. 32818-7829

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

WALTER R. KWOLEK

6849 W. COLONIAL DR.

ORLANDO, FL. 32818-7829

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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NEREIDA RIVERA

2036 TORREY DR.

ORLANDO, FL. 32818

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Walter R. Kwolek - WALTER R. KWOLEK

Date

4-24-02

Daytime Phone #

407-298-4371

CR2E034B (12/01)