

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90001 017 \*\*\*150.00

**DOCUMENT # 453986**

1. Entity Name  
**KNOPF & SONS BINDERY, INC.**

Principal Place of Business <b>1817 FLORIDA AVENUE          JACKSONVILLE FL 32206</b>	Mailing Address <b>1817 FLORIDA AVENUE          JACKSONVILLE FL 32206</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-1531243</b>	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

**KNOPF, RAYMOND E. JR.  
 5556 MANFIELDS PLACE  
 JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>KNOPF, RALPH JAMES</b>	
STREET ADDRESS	<b>1817 FLORIDA AVENUE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32206</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>KNOPF, RAYMOND E JR</b>	
STREET ADDRESS	<b>1817 FLORIDA AVENUE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32206</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>KNOPF, RONALD W</b>	
STREET ADDRESS	<b>1817 FLORIDA AVENUE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32206</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Raymond E. Knopf Sr* **RAYMOND ED KNOPF Sr** 2-22-01 904-353-5115  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)