


04-17-2003 90629 045 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P0000075172</b> 1. Entity Name <b>FIRST KNIGHT, INC.</b>			90091806
Principal Place of Business 6995 VENTURE CIRCLE ORLANDO, FL 32807		Mailing Address 6995 VENTURE CIRCLE ORLANDO, FL 32807	
2. Principal Place of Business State, Apt. #, etc.		3. Mailing Address State, Apt. #, etc.	
City & State		4. FEI Number <b>59-3865559</b>	
City & State		Applied For Not Applicable	
Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLANCY, S. TODD 6995 VENTURE CIRCLE ORLANDO, FL 32807		7. Name and Address of New Registered Agent Name <b>TROY NELSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>3147 TERRY BROOK DR #1805</b> City <b>WINTER PARK</b> FL Zip Code <b>32792</b>	
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 <i>[Signature]</i>			
SIGNATURE <i>[Signature]</i>		DATE <b>4-14-2003</b>	
9. Election Campaign Financing		\$5.00 May Be Added to Fees	
Trust Fund Contribution.		<input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME GLANCY, S. TODD STREET ADDRESS 1720 OLD 100 RD. CITY-ST-ZIP GENEVA, FL 32732	<input checked="" type="checkbox"/> Delete	TITLE NAME 1720 OLD 100 RD STREET ADDRESS GENEVA, FL 32732	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STD GLANCY, CARMEN STREET ADDRESS 6995 VENTURE CIRCLE CITY-ST-ZIP ORLANDO, FL 32807	<input type="checkbox"/> Delete	TITLE NAME PD TROY NELSON STREET ADDRESS 3147 TERRY BROOK DR #1805 CITY-ST-ZIP WINTER PARK, FL 32792	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME PD TROY NELSON STREET ADDRESS 3147 TERRY BROOK DR #1805 CITY-ST-ZIP WINTER PARK, FL 32792	<input type="checkbox"/> Delete	TITLE NAME JOHN F. GLANCY STREET ADDRESS 6995 VENTURE CIRCLE CITY-ST-ZIP ORLANDO, FL 32807	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME JOHN F. GLANCY STREET ADDRESS 6995 VENTURE CIRCLE CITY-ST-ZIP ORLANDO, FL 32807	<input type="checkbox"/> Delete	TITLE NAME CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i>		DATE: <b>4/14/03</b> (407)657-3880	

CARESSA (10/02)