

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000014249****1. Entity Name**
K & K GLASS, INC.**FILED**
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90350 034 ***150.00

Principal Place of Business**6200 FORT KING ROAD**
ZEPHRYHILLS FL 33540
US**Mailing Address****6200 FORT KING ROAD**
ZEPHRYHILLS FL 33540
US**00022122**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State****4. FEI Number** **59-3302119**

Applied For

Not Applicable

Zip**Country****Zip****Country****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**

Name

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

City

FL

Zip Code

KNOWLTON, DANIEL A
6200 FORT KING ROAD
ZEPHRYHILLS FL 33540**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, 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** **PRESIDENT** ☐ Delete
NAME **KNOWLTON, DANIEL A**
STREET ADDRESS **37010 PALM AVE. 37629 Skyridge Cir**
CITY-ST-ZIP **DADE CITY FL 33525****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **DIRECTOR** ☐ Delete
NAME **KNOWLTON, CEDRIC A**
STREET ADDRESS **36405 Fairview Hts Rd**
CITY-ST-ZIP **Zephyrhills, FL 33540****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01 **(813) 783-1169**
Date Daytime Phone #

CR2E034 (10/00)