

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000043537

FILED
Apr 27, 2003
Secretary of State

Entity Name: KNOFF, INC.

Current Principal Place of Business:

421 NO DIXIE HWY
LAKE WORTH, FL 33460 US

New Principal Place of Business:

Current Mailing Address:

421 N DIXIE HWY
LK WORTH, FL 33460 US

New Mailing Address:

FEI Number: 65-0672041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZARETSKY, RICHARD P
1655 PALM BEACH LAKES BLVD
SUITE 900
LAKE WORTH, FL 33401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: KNOFF, LESLIE G
Address: 421 NO. DIXIE HWY
City-St-Zip: LAKE WORTH, FL 33460

Title: VPSD () Delete
Name: KNOFF, ANN
Address: 421 NO DIXIE HWY
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: KNOFF, KYLE
Address: 421 NO DIXIE HWY
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: KNOFF, KEITH
Address: 421 NO DIXIE HWY
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: XXX

Electronic Signature of Signing Officer or Director

XXX

04/27/2003

Date