## **FILED**

## Feb 12, 2001 8:00 am Secretary of State

02-12-2001 90243 041 \*\*\*150.00

## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000083150

1. Entity Name

GOOD KNIGHT RECOVERY, INC.

| Prin | ncipal Place of Bu | usiness |
|------|--------------------|---------|
| 1001 | CYDDECC AVENU      | ır      |

Mailing Address

1691 CYPRESS AVENUE MELBOURNE FL 32935 1691 CYPRESS AVENUE MELBOURNE FL 32935

|  |                             |  |                              |  |                              |  | <b>i</b> i i i i i i i i i i i i i i i i i i |            |                              |            |     |
|--|-----------------------------|--|------------------------------|--|------------------------------|--|--|------------|------------------------------|------------|-----|
| 2. Principal F   | Principal Place of Business |  | 3. Mailing Address           |  | · · ·                        |  |  |            |                              |            |     |
| Suite, Apt. #, etc.  |                             | Suite, Apt. #, etc.  |                              |  | D                            | O NOT WRITE  | IN THIS SP                                   | PACE       |                              |            |     |
| City & State   |                             | City & State   |                              | 4.   | FEI Number 59                | 9-3406438  |  | -          | oplied For<br>ot Applicable  |            |     |
| Zip  |                             | Country  | Zip                          | Country  | 5.                           | 5. Certificate of Status Desired See Required Fee Required |  |            | litional                     |            |     |
|  | 6. Name                     | and Address of Current R   | edistered Agent              |  | 7                            | Name and Addres  | ss of New Rec                                | istered Ac | ent                          |            | 1   |
|  |                             |  | 9.0.0.00                     | Nam  |                              | Traine and Address   | oo oi iicii ricg                             | notered Ag | join                         |            | ١   |
| LLOYD, JAMES M 1691 CYPRESS AVENUE   |                             |  | Stree                        | Street Address (P.O. Box Number is Not Acceptable) |                              |  |  |            |                              |            |     |
| MEL  | BOURNE FL                   | 32935  |                              |  |                              |  |  |            |                              |            | 1   |
|  |                             |  | City                         |  |                              | —,—,—, <u> </u> .  | FL   | Zip Cod    | e                            |            |     |
| 8. The above   | e named entity              | y submits this statement for   | the purpose of changing its  | registered office                                  | e or registered a            | agent, or both, in the                                     | e State of Florid                            | da.        | •                            |            |     |
| SIGNATURE  | Signature, typed            | or printed name of registered agent an   | d title if applicable, (NOTE | : Registered Agent si                              | gnature 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 |                              | \$550.00   | 10. Election C<br>Trust Fund | ampaign Finan<br>I Contribution.                           | cing   |            | <b>0</b> May Be<br>I to Fees |            |     |
| 11   |                             | OFFICERS AND D   | I PIRECTORS                  | 12.  | Α                            | I<br>\DDITIONS/CHANG                                       | SES TO OFFICE                                | ERS AND C  | IRECTOR:                     | S IN 11    | ١.  |
| TITLE  | l n                         | Banda Maria Cara   | Delete                       | TITLE .  |                              |  |  |            | Change                       | ☐ Addition | 1 3 |
| NAME .   | 1 -                         | AMES M   | □ Delete                     | NAME   |                              | ,  |  | ς L        | Change                       | Addition   | 2   |
| STREET ADDRESS   |                             |  | STREET ADDRES                |  |                              |  |  |            |                              | 3          |     |
| CITY-ST-ZIP  |                             |  |                              | CITY-ST-ZIP  | 55                           |  |  | * . *      |                              |            | 8   |
| TITLE  |                             |  |                              | TITLE  | 1                            |  |  | ſ          | Change                       | Addition   | 6   |
| NAME   |                             |  |                              | NAME   |                              |  |  |            |                              |            | ١٢  |
| STREET ADDRESS   |                             |  |                              | STREET ADDRES                                      | ss                           |  |  |            |                              |            |     |
| CITY-ST-ZIP  |                             |  |                              | CITY-ST-ZIP  |                              |  |  |            |                              |            | ĺ   |
| TITLE  |                             |  | ☐ Delete                     | TITLE  | 1 .                          |  |  |            | Change                       | ☐ Addition |     |
| NAME   |                             |  |                              | NAME   |                              |  |  |            |                              |            | 1   |
| STREET ADDRESS   | <b> </b> .                  |  |                              | STREET ADDRES                                      | ss                           |  |  |            |                              |            | 1   |
| · CITY-ST-ZIP =  | <b>.</b>                    | <u>.</u> . ~   | مايات المعينهينين بالماد     | - CITY-ST-ZIP-                                     |                              | The second second  |  | . ر سسی    | <u> </u>                     |            | ŀ   |
| TITLE  |                             |  | ☐ Delete                     | TITLE  |                              |  |  | ٢          | Change                       | ☐ Addition | l   |
| NAME   | j                           |  |                              | NAME   | 1                            |  |  | _          | •                            | _          | ı   |
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| CITY-ST-ZIP  | İ                           |  |                              | CITY-ST-ZIP  |                              |  |  |            |                              |            | l   |
| TITLE  |                             |  | Delete                       | TITLE  | <del>-</del>                 |  |  | ſ          | Change                       | Addition   | l   |

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 receives 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

2/8/01

321 242 800d

☐ Change

☐ Addition

Daytime Phone #