

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90022 038 ***150.00

DOCUMENT # P96000092872

1. Entity Name
KNOP SERVICES, INC.

Principal Place of Business 680 WEST INDUSTRIAL AVENUE, UNIT 3 BOYNTON BEACH FL 33426	Mailing Address 4873 POSEIDIN PLACE LAKE WORTH FL 33463-7287
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2. Principal Place of Business 680 W INDUSTRIAL AVE # 4 Suite, Apt. #, etc.	3. Mailing Address PO Box 243573 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State BOYNTON BCH FL	City & State BOYNTON BCH FL	4. FEI Number 65-0709807	Applied For Not Applicable
Zip 33426	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent YOHE, MARK D 680 WEST INDUSTRIAL AVENUE UNIT 4 BOYNTON BEACH FL 33426	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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 PTD	<input type="checkbox"/> Delete	TITLE P S D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KNOP, ANDREW F		NAME	
STREET ADDRESS 4873 POSEIDON PLACE		STREET ADDRESS	
CITY-ST-ZIP LAKE WORTH FL 33463		CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KNOP, ALAN F		NAME	
STREET ADDRESS 3948 KENSKILL CIR.		STREET ADDRESS	
CITY-ST-ZIP LANTANA FL 33462		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE VP T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME YOHE, MARK	
STREET ADDRESS		STREET ADDRESS 680 W INDUSTRIAL AVE # 4	
CITY-ST-ZIP		CITY-ST-ZIP BOYNTON BCH FL 33426	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Mark D. Yohe MARK D. YOHE 02-07-01 (561) 738-2695
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)