04/23/2001 13:52 9419554573

2001 UNIFORM BUSIN SS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90130 015 ***150.00

DOCUMENT # P97000002399

1. Entity Name
KNIGHT SUPPLY OF ARCADIA, INC.

Principal Place of Business	Mailing Address
3885 N.E. HIGHWAY 17 ARCADIA FL 34265-6024	2100 SOUTH TAMIAMI TRAIL SARASOTA FL 34239-3083

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3885 NE Hwy 17	PO Box 3024
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Arcadia Fla.	City & State: Arcadia Fla
Zip: 34266 Country: USA	Zip: 34265 Country: USA

4. FEI Number 65-0715545 — Applied For / Not Applicable

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
KNIGHT, EUGENE M 3885 HIGHWAY 17 NORTH EAST ARCADIA FL 34265	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Eugene M. Knight Pres. 04-23-01
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 D NAME KNIGHT, EUGENE M STREET ADDRESS 3885 HIGHWAY 17 NORTH EAST CITY-ST-ZIP ARCADIA FL 34265-6024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Eugene M. Knight Eugene M. Knight 04-23-02 863-494-0633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #