## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## 123157 **DOCUMENT#**

1. Entity Name

KNIGHT -C L- & SONS INC



**FILED** Jan 31, 2003 8:00 am Secretary of State 01-31-2003 90161 015 \*\*\*150.00

1440111	0 2 0 00/10 11/0										
Principal Place of Business 803 EAST WASHINGTON ST. P.O. BOX 3272 TAMPA FL 33601			Mailing Address 803 EAST WASHINGTON ST. P.O. BOX 3272 TAMPA FL 33601				10016736				
2. Principal Place of Business			3. Mailing Address						AL BIRIT BIRIT	BIBNI BIBNI (BBI	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				1 5U-F13/11/UF1			Applied For	
Zip Country		Zip		Coun	intry 5.				\$8.75 Ac		
	6. Name and Address of Current	Register	ed Agent				7. N	arne and Address of New Registered A	gent		
				-	Name		9 ° 4	and the state of t			
LAMB, PAULINE			·			Street Address (P.O. Box Number is Not Acceptable)					
803 E WASHINGTON STall						Street Address (P.O. Box Number is Not Acceptable)					
TAMPA FI											
					City			FL	Zip Co	de	
· ·											
	<ul> <li>named entity submits this statement for tions of registered agent.</li> </ul>	or the purp	oose of changing its re	egistere	ed office or re	gistere	d age	ent, or both, in the State of Florida. I am fa	amiliar with	i, and accept	
	:										
SIĞNATURE .	*										
	Signature, typed or printed name of registered agent	and title if app	blicable. (NOTE:	Hagistered	d Agent signature r	equired v	when rein	nstating) DATE			
· F	ILE NOW!!! FEE IS \$150.00							Election Compaign Financing	¢E.	00	
	r May 1, 2003 Fee will be \$550.00						i	S. Election Campaign Financing     Trust Fund Contribution.	.cφ Adde	<b>00</b> May Be ed to Fees	
Make Checl	k Payable to Florida Department o	f State									
10.	OFFICERS AND	DIRECTO	RS	11.			ADI	DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 11	
TITLE	PD		☐ Delete	TITLE	E				☐ Change	☐ Addition	
NAME	LAMB, PAULINE M.			NAMI	E						
STREET ADDRESS	9202 KINGSRIDGE DR			•	ET ADDRESS						
CITY-ST-ZIP	TAMPA FL			CITY-	-ST-ZIP						
TITLE	VR		Delete	TITLE	E				☐ Change	☐ Addition	
NAME	HOBBY PHILIP R.			NAM							
STREET ADDRESS CITY-ST-ZIP	345 18TH AVE. NE. ST_PETERSBURG FL				ET ADDRESS - ST-ZIP						
				╂						—	
TITLE	VP VATEC IOUNITON TRACY		□ Delete	ŢijĹĔ			÷	en e	Change	Addition	
NAME STREET ADDRESS	YATES-JOHNSTON, TRACY 9213 KNIGHTS BRANCH STREET	г		NAMÉ STRE	ET ADDRESS						
CITY-ST-ZIP	TEMPLE TERRACE FL	,			-ST-ZIP			•			
TITLE	Paris de Fermiton I de		☐ Delete	TITLE	: .				☐ Change	Addition	
NAME			□ Delete	NAME					ondrigo		
STREET ADDRESS	·			STRE	ET ADDRESS						
CITY-ST-ZIP	-			CITY-	-ST-ZIP						
TITLE			Delete	TITLE	:				☐ Change	Addition	
NAME				NAME	E						
STREET ADDRESS				STREE	ET ADDRESS						
CITY-ST-ZIP				CITY-	-ST-ZIP						
TITLE			☐ Delete	TITLE					☐ Change	☐ Addition	
NAME				NAME						ļ	
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP	<b>.</b>			CITY-	-ST-ZIP						

12. Thereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

813-229-0161