

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90445 046 ***150.00

DOCUMENT # 173867

1. Entity Name
KNIGHT AND MATHIS, INC.



Principal Place of Business
**926 OLD DIXIE HWY
VERO BEACH FL 32960
US**

Mailing Address
**926 OLD DIXIE HWY
VERO BEACH FL 32960
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0698136**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SULLIVAN, CHARLES A
1901 20TH STREET
VERO BCH. FL 32960**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **MATHIS, CLAUD R.**
STREET ADDRESS **710 SECOND ST.**
CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE **Director, Chairman C/D** ☒ Change ☐ Addition
NAME **MATHIS, CLAUD R.**
STREET ADDRESS **710 - 2nd Street**
CITY-ST-ZIP **VERO Beach, FL 32962**

TITLE **STD** ☐ Delete
NAME **MATHIS, ANN D.**
STREET ADDRESS **710 SECOND STREET**
CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE **Secretary, Director STD** ☒ Change ☐ Addition
NAME **MATHIS, ANN D.**
STREET ADDRESS **710 - 2nd Street**
CITY-ST-ZIP **VERO Beach, FL 32962**

TITLE **VD** ☐ Delete
NAME **MCPHERSON, DOUGLAS K.**
STREET ADDRESS **186 43RD AVENUE**
CITY-ST-ZIP **VERO BEACH FL 32968**

TITLE **Vice President, Director V/D** ☒ Change ☐ Addition
NAME **McPherson, Douglas K.**
STREET ADDRESS **186 - 43rd Avenue**
CITY-ST-ZIP **VERO Beach, FL 32968**

TITLE **SVPD** ☐ Delete
NAME **MATHIS, JEFFREY C**
STREET ADDRESS **281 OLD DIXIE HWY**
CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE **President, Director P/D** ☒ Change ☐ Addition
NAME **MATHIS, JEFFREY C.**
STREET ADDRESS **281 Old Dixie Hwy.**
CITY-ST-ZIP **VERO Beach, FL 32962**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer, Director T/D** ☐ Change ☒ Addition
NAME **MATHIS, LIZCA LUNA**
STREET ADDRESS **281 Old Dixie Hwy.**
CITY-ST-ZIP **VERO Beach, FL 32962**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ann D. Mathis, Secretary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANN D. MATHIS 01-29-03 772-562-2652
SECRETARY Date Daytime Phone #

CR2E034 (10/02)