

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

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90035 021 \*\*\*150.00

**DOCUMENT # 247812**



1. Entity Name  
**KNAPP AND SONS, INC.**

Principal Place of Business  
**119 BULLARD PARKWAY  
SUITE B  
TEMPLE TERRACE FL 33617  
US**

Mailing Address  
**1503 N RIVER HILLS DRIVE  
TEMPLE TERRACE FL 33617  
US**



2. Principal Place of Business  
  
Suite, Apt. #, etc.

3. Mailing Address  
  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-0939826**

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

**KNAPP, MARK A  
1503 N RIVERHILLS DRIVE  
TEMPLE TERRACE FL 33617**

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 \_\_\_\_\_ (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 ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **KNAPP, MARK A**  
STREET ADDRESS **1503 N RIVERHILLS DR**  
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

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

TITLE **STD** ☐ Delete  
NAME **KNAPP, CHERI L**  
STREET ADDRESS **1503 N RIVERHILLS DR**  
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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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: **SIGNATURE OF MARK A KNAPP**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/7/2003 873-988-6275**  
Date Daytime Phone #

CR2E034 (10/02)