2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State
05-15-2003 90114 001 ***150.00

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DOCUMENT # 262232

1. Entity Name
KNIGHT FARMS, INC.

Principal Place of Business	Mailing Address
8495 BEACONHILL RD PALM BCH GARDENS FL 33410	8495 BEACONHILL RD PALM BCH GARDENS FL 33410

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8259 N. MILITARY TR	← SAME
Suite, Apt. #, etc.: 5	Suite, Apt. #, etc.
City & State: PALM BCH GARDENS FL	City & State
Zip: 33410 Country: PALM BEACH	Zip Country

4. FEI Number 59-1006907 ☐ 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, FRANCES 8495 BEACONHILL RD PALM BCH GARDENS FL 33410	Name: KNIGHT, DANIEL O. Street Address (P.O. Box Number is Not Acceptable): 8259 N. MILITARY TR. #5 City: PALM BEACH GARDENS FL Zip Code: 33410

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] ASST SCTY. DATE: 5/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KNIGHT, FRANCES 8495 BEACONHILL RD PALM BCH GARDENS FL 33410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KNIGHT, THURMOND W., JR 385 HINMAN ~~SEFFLOR~~ RD GLOVER VT 05839	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD 385 HINMAN RD GLOVER, VT 05839	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HELMS, SUSAN K 861 W JASMINE DR LAKE PARK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KNIGHT, JEFFREY NEIL 1859 ROSWELL ROAD MARIETTA GA 30062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD 8259 N. MILITARY TR. #5 PALM BEACH GRDNS, FL 33410	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS KNIGHT, DANIEL O 370 LEGARE CT JUPITER FL 33458	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8259 N. MILITARY TR. #5 PALM BEACH GRDNS, FL 33410	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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] DANIEL KNIGHT, ASST SCTY 5/1/03 561-625-0750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #