

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 13, 2001 08:00 AM**
Secretary of State**DOCUMENT # 329358**1. Entity Name
KIGHT'S PRINTING & OFFICE PRODUCTS, INC.

Principal Place of Business	Mailing Address
8505 BAYMEADOWS RD.	8505 BAYMEADOWS ROAD
JACKSONVILLE FL 332567489 US	JACKSONVILLE FL 322564789 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
59-1208696Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**KIGHT, WILLIAM E.**
8505-1 BAYMEADOWS RD.**JACKSONVILLE FL**
32216**7. Name and Address of New Registered Agent**Name
KIGHT, WILLIAM E.Street Address (P.O. Box Number is Not Acceptable)
8505-1 BAYMEADOWS RD.City **JACKSONVILLE FL** Zip Code **32256**

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 _____ **03/13/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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	<input type="checkbox"/> Delete
NAME	KIGHT DAVID E	
STREET ADDRESS	8505 BAYMEADOWS ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIGHT DAVID E	
STREET ADDRESS	8505 BAYMEADOWS ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

TITLE	VD	<input type="checkbox"/> Delete
NAME	KIGHT, ARLENE S.	
STREET ADDRESS	8505 BAYMEADOWS ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIGHT, ARLENE S.	
STREET ADDRESS	8505 BAYMEADOWS ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

TITLE	PD	<input type="checkbox"/> Delete
NAME	KIGHT, WILLIAM E.	
STREET ADDRESS	8505-1 BAYMEADOWS RD.	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIGHT, WILLIAM E.	
STREET ADDRESS	8505-1 BAYMEADOWS RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: WILLIAM E KIGHT

PD 03/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)