## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 07, 2000 8:00 am DOCUMENT # **458883** Secretary of State 1. Entity Name THE SEVEN KNOWLES CORPORATION. 03-07-2000 90018 029 \*\*\*150.00 Principal Place of Business Mailing Address 2247 RIVER RIDGE ROAD 2247 RIVER RIDGE ROAD 613466 DELAND FL 32720 **DELAND FL 32720-4321** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1549050 Not Applicable Country Country Zio Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KNOWLES, ROY V. Street Address (P.O. Box Number is Not Acceptable) 2247 RIVER RIDGE ROAD DELAND FL 32720 City Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition TITLE Delete KNOWLES, ROY V. NAME STREET ADDRESS 2247 RIVER RIDGE ROAD CITY-ST-ZIP **DELAND FL** ☐ Change Addition ☐ Delete TITLE KNOWLES.ROBERT H NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 3402 G 7 RANCH RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **RUSKIN FL** fil Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TY

4/00 904-134-0817

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