

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90102 008 ***150.00

0350017

DOCUMENT # 521746

1. Entity Name

CURTIS F. MCKNIGHT TESTING LABORATORIES INC.

Principal Place of Business

7708 E. BROADWAY (TAMPA, FL 33619)

~~P.O. BOX 1406~~

~~TAMPA FL 33650-9106~~

Mailing Address

7708 E. BROADWAY (TAMPA, FL 33619)

~~P.O. BOX 1406~~

~~TAMPA FL 33650-9106~~

2. Principal Place of Business

7708 E BROADWAY AVE

Suite, Apt. #, etc.

3. Mailing Address

7708 E. BROADWAY AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMPA FL

City & State

TAMPA, FL

4. FEI Number

59-1710549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKNIGHT, KEN C
3233 WELBORN WY
TAMPA FL 33619

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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 State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MCKNIGHT, CURTIS F.	
STREET ADDRESS	7708 E. BROADWAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, JULIE	
STREET ADDRESS	9421 POLAK DR	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCKNIGHT, KEN C.	
STREET ADDRESS	3233 WELBORN WAY	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy A. McKnight	
STREET ADDRESS	3233 Welborn Way	
CITY-ST-ZIP	Tampa, FL 33619	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRIE E. ANSELL	
STREET ADDRESS	618 S. SANFIELDS.	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)