

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
03-20-2000 90106 042 ***150.00

DOCUMENT # 585031	
1. Entity Name KNIGHT INVESTMENTS, INC.	

Principal Place of Business 4230 ORTEGA BLVD JACKSONVILLE FL 32210	Mailing Address 4230 ORTEGA BLVD JACKSONVILLE FL 32210-4463
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2. Principal Place of Business 4202 ORTEGA BLVD.	3. Mailing Address 4202 ORTEGA BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State JACKSONVILLE, FLORIDA	City & State JACKSONVILLE, FLORIDA
Zip 32210	Country USA

4. FEI Number 59-1857711	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KNIGHT, FINLEY JR 4230 ORTEGA BLVD JACKSONVILLE FL 32233	
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7. Name and Address of New Registered Agent	
Name C. FINLEY KNIGHT, JR.	
Street Address (P.O. Box Number is Not Acceptable) 4202 ORTEGA BLVD.	
City JACKSONVILLE	FL Zip Code 32210

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
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME KNIGHT, C. FINLEY JR.	<input type="checkbox"/> Delete	TITLE PD	NAME KNIGHT, C. FINLEY, JR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4230 ORTEGA BLVD			STREET ADDRESS 4202 ORTEGA BLVD.		
CITY-ST-ZIP JACKSONVILLE FL			CITY-ST-ZIP JACKSONVILLE, FL 32210		
TITLE V	NAME MCANENY, LEONARD C.	<input checked="" type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4230 ORTEGA BLVD			STREET ADDRESS 		
CITY-ST-ZIP JACKSONVILLE FL			CITY-ST-ZIP 		
TITLE V	NAME BARBERA, VINCENT	<input checked="" type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4230 ORTEGA BLVD			STREET ADDRESS 		
CITY-ST-ZIP JACKSONVILLE FL			CITY-ST-ZIP 		
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			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 another like empowered.

SIGNATURE: C. Finley Knight, Jr., President	3/14/00	(904) 387-6148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034 (9/99)