

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90100 011 ***158.75

DOCUMENT # 654347

1. Entity Name

JAMES W. KNIGHT ELECTRIC, INC.

Principal Place of Business

Mailing Address

3810 US HWY 41 SOUTH TPA 33619
 425 50TH ST. S.
 TAMPA FL 33619
 US

3810 US HWY 41 SOUTH TPA 33619
 P.O. BOX 5992
 TAMPA FL 33675-5992
 US

2. Principal Place of Business

425 South 50th Street

Suite, Apt. #, etc.

3. Mailing Address

P O Box 5992

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

4. FEI Number

59-2009529

Applied For

Not Applicable

Zip

33619

Country

US

Zip

33675

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KNIGHT, JAMES W.
 9907 RIVER DR.
 GIBSONTON FL 33534

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|-----------------------------------|---|---|
| TITLE | V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KILBOURNE, KEVIN M | NAME | |
| STREET ADDRESS | 4355 SIESTA ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | BROOKSVILLE FL | CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KNIGHT, JAMES W | NAME | |
| STREET ADDRESS | 9907 RIVER DR. | STREET ADDRESS | |
| CITY-ST-ZIP | GIBSONTON FL 33534 | CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAYNES, DONALD | NAME | |
| STREET ADDRESS | 6714 NORTH WILLOW | STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KNIGHT, DIANE | NAME | |
| STREET ADDRESS | 9907 RIVER DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | GIBSONTON FL 33534 | CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KNIGHT, EVELYN | NAME | |
| STREET ADDRESS | 11001 RIVERVIEW DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | RIVERVIEW FL 33569 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. Knight

01-12-00

Date

(813) 248-3877

Daytime Phone #

CR20004 (0/00)