

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 654347**

1. Entity Name

JAMES W. KNIGHT ELECTRIC, INC.

Principal Place of Business

425 SOUTH 50TH ST.
TAMPA FL 33619
US

Mailing Address

P.O. BOX 5992
TAMPA FL 33675
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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, 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

TITLE V ☐ Delete
NAME KILBOURNE, KEVIN M
STREET ADDRESS 4355 SIESTA ROAD
CITY-ST-ZIP BROOKSVILLE FLTITLE P ☐ Delete
NAME KNIGHT, JAMES W
STREET ADDRESS 9907 RIVER DR.
CITY-ST-ZIP GIBSONTON FL 33534TITLE V ☐ Delete
NAME HAYNES, DONALD
STREET ADDRESS 6714 NORTH WILLOW
CITY-ST-ZIP TAMPA FLTITLE S ☐ Delete
NAME KNIGHT, DIANE
STREET ADDRESS 9907 RIVER DRIVE
CITY-ST-ZIP GIBSONTON FL 33534TITLE T ☐ Delete
NAME KNIGHT, EVELYN
STREET ADDRESS 11001 RIVERVIEW DRIVE
CITY-ST-ZIP RIVERVIEW FL 33569TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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

3/5/01

Date

(813) 248-3877

Daytime Phone #

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90059 031 ***158.75

720370



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2009529

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

CR2E034 (10/00)

0321782