

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700383

1. Entity Name

FLORIDA KNOTHEADS, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90009 024 ****61.25

Principal Place of Business

3401 N TALIAFERRO AVE
P.O. BOX 7178
TAMPA FL 33603

Mailing Address

3401 N TALIAFERRO AVE
P.O. BOX 7178
TAMPA FL 33603-6047

2. Principal Place of Business

3401 N, Taliaferro Ave

3. Mailing Address

3401 N. Taliaferro Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Fl

City & State

Tampa, Fl

4. FEI Number

59-1026580

Applied For

Not Applicable

Zip
33603-6047

Country
USA

Zip
33603-6047

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPRINGER, ART
3401 N TALIAFERRO AVE
TAMPA FL 33603

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCT SPRINGER, ART 3401 N TALIAFERRO AVE. TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPRINGER, MARTHA 3401 N TALIAFERRO AVE TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SAUNDERS, JOHN 101 CEDAR DUNES NEW SMYRNA BCH. FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUNDERS, LINDA 101 CEDAR DUNES NEW SMYRNA BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment hereto, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ART SPRINGER

813-223-1955

Date

Daytime Phone #

CR2E037 (9/99)