

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
 04-18-2002 90441 023 ****61.25

DOCUMENT # 700383

1. Entity Name

FLORIDA KNOTHEADS, INC.

Principal Place of Business

Mailing Address

**3401 N TALIAFERRO AVE
 TAMPA FL 33603-6047
 US**

**3401 N TALIAFERRO AVE
 TAMPA FL 33603-6047
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1026580

Applied For

Not Applicable

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 ☐ Delete

**PCT
 SPRINGER, ART
 3401 N TALIAFERRO AVE.
 TAMPA FL**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

**SD
 SPRINGER, MARTHA
 3401 N TALIAFERRO AVE
 TAMPA FL**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

**VPD
 SAUNDERS, JOHN
 101 CEDAR DUNES
 NEW SMYRNA BCH. FL**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

**D
 SAUNDERS, LINDA
 101 CEDAR DUNES
 NEW SMYRNA BEACH FL**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 with an address, with all other like empowered.

SIGNATURE:

Art Springer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02

813-223-1955

Date

Daytime Phone #

CR2E037 (9/01)