

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

07-25-2001 90005 044 \*\*\*150.00

0136375 AT

**DOCUMENT # F00000000160**

1. Entity Name  
**KNIGHT COACH, INC.**

*(Handwritten mark)*

Principal Place of Business Mailing Address  
**4862 HWY 15 N. 4862 HWY 15 N.**  
**LAUREL MS 39443 LAUREL MS 39443**

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 **64-0872803** Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**MOSS, MARVIN I**  
**20801 BICAYNE BLVD. STE. 506**  
**N. MIAMI FL 33180-1430**

## 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KNIGHT, JAMES D</b> <b>4862 HWY 15 N.</b> <b>LAUREL MS 39443</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KNIGHT, SHARON K</b> <b>4862 HWY 15 N.</b> <b>LAUREL MS 39443</b>	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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

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:** *(Handwritten Signature)* **James D. Knight** **7-19-01** **601 426 2777**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachment  
#F0000001000

**KNIGHT COACH, INC.**

**4862 HWY. 15 N.**

**LAUREL, MS. 39443**

C0074157

**Laurel (601) 426-2777**

**Meridian (601) 485-0504**

**Fax (601) 649-5631**

July 19, 2001

Florida Department of State  
Division of Corporations  
P.O.Box 6327  
Tallahassee, FL 32314

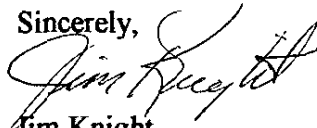
RE: 2001 Uniform Business Report

This letter is as per someone that I spoke with in your office on Tuesday July 17 about this. I received nothing from the State of Florida about renewing the uniform business report for 2001 until I received the enclosed form stating that this form served as my "60 days notice that your corporation will be administratively dissolved/revoked."

I was instructed to enclose this letter with the UBR form as well as a check for \$150.00, which should be the normal fee for renewal. I am formally requesting that the late filing fees be waived for this year since I did not receive the proper forms in time.

Please include me in the paperwork flow for next year so that I may file my report on a timely basis. I will also assume that this is all you need from me this year unless I hear otherwise.

Sincerely,



Jim Knight

Knight Coach, Inc.