

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90044 034 ***150.00

0126227 AV

DOCUMENT # F06600

1. Entity Name

KNIGHT & ASSOCIATES, INC.

Principal Place of Business

4889 N US HWY 1
 940 OYSTER SHELL LN
 VERO BEACH FL 32960
 US

Mailing Address

POST OFFICE BOX 6490
 POST OFFICE BOX 6490
 VERO BEACH FL 32961
 US



2. Principal Place of Business

4889 N. U.S. Hwy 1

3. Mailing Address

SKANS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

557 E. Causeway Blvd.

City & State

City & State

VERO BEACH, FL

4. FEI Number

59-2043778

Applied For

Not Applicable

Zip

Country

Zip

Country

32963

US

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

O'HAIRE, MICHAEL
 3111 CARDINAL DR.
 VERO BEACH FL 32963

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, 2002 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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PST
 KNIGHT, D. VICTOR JR.
 940 OYSTER SHELL LANE
 VERO BEACH FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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:

NOT REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/2002 7722316922
 Date Daytime Phone #

CR2E034 (9/01)