

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 91421 001 \*\*\*150.00  
 05-15-2000 91421 002 \*\*\*\*\*8.75

14848



DO NOT WRITE IN THIS SPACE

**DOCUMENT # F98000005653**

1. Entity Name

**GH KNIGHTLEX, INC.**

Principal Place of Business

Mailing Address

353 W. LANCASTER AVE., STE 210  
 WAYNE PA 19087

353 W. LANCASTER AVE., STE 210  
 WAYNE PA 19087

2. Principal Place of Business

3. Mailing Address

10 CAMPUS BLVD  
 Suite, Apt. #, etc.

10 CAMPUS BLVD  
 Suite, Apt. #, etc.

City & State

City & State

NEWTON SQUARE, PA  
 Zip 19073 Country

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 Zip 19073 Country

4. FEI Number 23-2978407

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

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	HOLLOWAY, GARY M	
STREET ADDRESS	353 W. LANCASTER AVE., STE 210	
CITY-ST-ZIP	WAYNE PA	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	COYLE, CATHERINE	
STREET ADDRESS	353 W. LANCASTER AVE., STE 210	
CITY-ST-ZIP	WAYNE PA	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	ROBINSON, BRUCE F	
STREET ADDRESS	353 W. LANCASTER AVE., STE 210	
CITY-ST-ZIP	WAYNE PA	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	DIGIUSEPPE, ROBERT	
STREET ADDRESS	353 W. LANCASTER AVE., STE 210	
CITY-ST-ZIP	WAYNE PA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Assistant Secretary for  
 GH Knightlex, Inc.

4/12/00

Date

Daytime Phone #

CR2E034 (9/99)