## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jun 26, 2001 8:00 am **DOCUMENT # G72750 Secretary of State** 1. Entity Name 06-26-2001 90002 030 \*\*\*150.00 K V SOUTH ASSOCIATES, P.A. Principal Place of Business Mailing Address C/O WARREN J. KNAUST, ESQUIRE C/O WARREN J. KNAUST. ESQÚIRE 2730 CENTRAL AVENUE 2730 CENTRAL AVENUE ST. PETERSBURG FL 33712 ST. PETERSBURG FL 33712 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2342088 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.- Name and Address of New Registered Agent Name KNAUST, WARREN J., ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 2730 CENTRAL AVENUE ST. PETERSBURG FL 33712-8153 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rain: 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Delete TITLE Change ■ Addition KNAUST, WARREN J NAME NAME STREET ADDRESS 2730 CENTRAL AVE STREET AODRESS CITY-ST-ZIP ST PETERSBURG, FL 00000 CITY-ST-ZIP TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 winter an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-71P

FILED