

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90024 036 ***150.00

DOCUMENT # H24175

1. Entity Name
KNK INVESTMENTS OF SARASOTA, INC.

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| Principal Place of Business C/O JEFFERSON. R. RIDDELL 3400 S. TAMIAMI TRAIL, SUITE 202 SARASOTA FL 34239 US | Mailing Address C/O JEFFERSON. F. RIDDELL 3400 S. TAMIAMI TRAIL, SUITE 202 SARASOTA FL 34239-6093 US |
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DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business 7804 N. TAMIAMI TRL Suite, Apt. #, etc. | 3. Mailing Address % CPA Associates, PA Suite, Apt. #, etc. 1301 6th Ave W, Ste 600 |
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| City & State Sarasota FL | City & State Bradenton FL | 4. FEI Number 59-2454244 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|-------------------------------------|------------------------------------|--|

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|---------------------|---------------------------|---------------------|---------------------------|--|
| Zip 34243 | Country manatee | Zip 34205 | Country manatee | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent RIDDELL, JEFFERSON F 3400 S. TAMIAMI TRAIL SUITE 202 SARASOTA FL 34239 | 7. Name and Address of New Registered Agent Name Stam Stathis Street Address (P.O. Box Number is Not Acceptable) 1301 6th Ave W, Ste 600 City Bradenton FL Zip Code 34205 |
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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 **STAM W. STATHIS** **2/15/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST MCMAHON, THOMAS 7804 KENRIDGE ST. LOUIS MO <input type="checkbox"/> Delete | 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"/> Delete | 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"/> Delete | 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: **2/22/2000** **314 409 2733**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)