

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90107 001 ***150.00

DOCUMENT # H81600

1. Entity Name

ROBERT KNUTH, INC.

Principal Place of Business

**KNUTH RD
SUITE 212
BOYNTON BEACH FL 33436
US**

Mailing Address

**200 KNUTH RD
SUITE 212
BOYNTON BEACH FL 33436
US**

2. Principal Place of Business

3. Mailing Address

2393 NW 59th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

4. FEI Number **59-2590734**

Applied For

Not Applicable

Zip

Country

Zip

Country

33496 Palm Bch

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

**METSCH, BURTON
571 GOLDEN HARBOUR DR
BOCA RATON FL 33432**

Name

Street Address (P.O. Box Number is Not Acceptable)

2393 NW 59th ST

BOCA RATON

FL

33496

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, 2001 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** ☐ Delete
NAME **STEINER, ROBERT**
STREET ADDRESS **5285 BROOKVIEW DR**
CITY-ST-ZIP **BOYNTON BEACH FL**

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

TITLE **SD** ☐ Delete
NAME **METSCH, BURTON**
STREET ADDRESS **571 GOLDEN HARBOUR DR**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☒ Change ☐ Addition
NAME **2393 NW 59th ST**
STREET ADDRESS **BOCA RATON FL**
CITY-ST-ZIP **33496**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

BURTON METSCH 1/22/01 994 2035
Date Daytime Phone #

CR2E034 (10/00)