

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J47341**

1. Entity Name

KNIGHT FOREST PRODUCTS, INC.**FILED**
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90048 039 ***150.00

Principal Place of Business

Mailing Address

2520 NE 70TH ST
OCALA FL 34479
US2520 NE 70TH ST
OCALA FL 34479-1412
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2743421

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

KNIGHT, GLENN E.
10330 S.E. 138TH PLACE ROAD
SUMMERFIELD FL 34491

Name

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

9050 SW 9th TERR.

City Ocala

FL

Zip Code 34476

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 State10. 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 PT ☐ Delete
NAME KNIGHT, GLENN E.
STREET ADDRESS 10330 S.E. 138TH PLACE ROAD
CITY-ST-ZIP SUMMERFIELD FL 34491TITLE ☒ Change ☐ Addition
NAME 9050 SW 9th TERR
STREET ADDRESS Ocala FL 34476
CITY-ST-ZIPTITLE S ☐ Delete
NAME KNIGHT, LINDA C.
STREET ADDRESS 4040 SW 20 AVE.
CITY-ST-ZIP Ocala FLTITLE ☒ Change ☐ Addition
NAME 9050 SW 9th TERR
STREET ADDRESS Ocala, FL 34476
CITY-ST-ZIPTITLE VP ☐ Delete
NAME STAPLES, DICKIE R
STREET ADDRESS 10206 NW 8TH LANE
CITY-ST-ZIP Ocala FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-00 622-8002