2000 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2000 8:00 am Secretary of State DOCUMENT # **J63355** 7 KNOTS INCORPORATED 04-17-2000 90109 041 ***150.00 Principal Place of Business Mailing Address 60 CANTERBURY COURT #412 60 CANTERBURY COURT #412 ORANGE PARK FL 32065-7290 ORANGE PARK FL 32065 3. Mailing Address 2. Principal Place of Business PMB #412 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc REEN COVE City & State City & State 4. FEI Number Applied For 59-2786237 GREEN COVE Not Applicable Country US \$8.75 Additional 5. Certificate of Status Desired 2043 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent R. WAYNE OLMSTRAD. OLMSTEAD, R. WAYNE Street Address (P.O. Box Number is Not Acceptable) 60 CANTERBURY COURT #412 PMB #4/12 **ORANGE PARK FL 32065** 8. The above named entity submits this state FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so 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 12. 11. DP Change ☐ Addition TITLE Oefete OLMSTRAD IR WAYNE OLMSTEAD, R. WAYNE 411 Walnut St. PMB+4/2 60 CANTERBURY COURT #412 STREET ADDRESS STREET ADDRESS GREEN COVE SPRINGS CITY-ST-ZIP CITY-ST-ZIP 3201**3 ORANGE PARK FL 32095** DVP ☐ Change Addition ☐ Defete TITLE TITLE KENNEDY, LESUE 411 Walnut St. PMB+412 KENNEDY, LESLIE NAME NAME 60 CANTERBURY COURT #412 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 32043 **ORANGE PARK FL 32065** GREEN CONE SPRINGS ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Scou Linnedy
SIGNATURE AND TYPED OR PRINTED MAME O

Deslie Kennedy

4 13/4 /00

Daytime Phone #

CR2E034 (9/99)