

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K00132

1. Entity Name

C. KNIGHT WELDER, INC.

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

03-02-2000 90082 005 ***150.00

Principal Place of Business

200 NW 12TH AVE
POMPANO BCH FL 33069-2014

Mailing Address

700 NW 12TH AVE.
POMPANO BCH FL 33069-2014
US

2. Principal Place of Business

10 NE 9 STREET

3. Mailing Address

PO Box 9505

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FORT LAUDERDALE, FL

Zip

Country

Zip

Country

33310

BROWARD

4. FEI Number

65-0014534

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, CORNELL
2020 N.W. 31ST AVE.
FT. LAUDERDALE FL 33311

Name

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

City

FL

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

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 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	<input type="checkbox"/> Delete
NAME	KNIGHT, CORNELL	
STREET ADDRESS	700 N.W. 12TH AVE.	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KNIGHT, JO ANNE	
STREET ADDRESS	700 N.W. 12TH AVE.	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2020 NW 31 AVENUE	
CITY - ST - ZIP	FORT LAUDERDALE FL 33311	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2020 NW 31 AVENUE	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

C. Knight Welder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-00
Date

Daytime Phone #

CR2E034 (9/99)