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2002 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2002 8:00 am **Secretary of State** DOCUMENT # L01000001868 1. Entity Name 01-21-2002 90019 001 ****50.00 RICHARD J. KNOX, L.L.C. Principal Place of Business Mailing Address 391 TIMBERLANE OR 391 TIMBERLANE OR NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KNOX, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 391 TIMBERLANE DR **NEW SMYRNA BEACH FL 32168** City 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, FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. (9/01) □ Addition TITLE MGRM TITLE Change NAME NAME KNOX, RICHARD J STREET ADDRESS STREET ADDRESS 391 TIMBERLANE DR CITY-ST-ZIP CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168** ☐ Delete □ Addition TITLE TETLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change MILE ☐ Delete TITLE Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change □ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE Deleta TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trapited empowered to execute this report as required by Chapter 608, Florida Statutes.