

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013157

1. Entity Name

KNR GROUP, LLC

02 OCT -7 AM 10:02

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

873648



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

150 SECOND AVENUE N. STE 660  
 ST. PETERSBURG FL 33701  
 US

150 SECOND AVENUE N. STE 660  
 ST. PETERSBURG FL 33701  
 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

59-3742105

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONTEMARANO, ROBERT  
 1421 GULF-TO-BAY  
 CLEARWATER FL 33755

Name DOUGLAS FATHERS

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

150 2ND AVE N, STE 660

City

ST. PETERSBURG FL

Zip Code

33701

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

D. FATHERS

(NOTE: Registered Agent signature required when reinstating)

9-23-02

DATE

FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MANAGER  
 NAME DOUGLAS FATHERS  
 STREET ADDRESS 6250 KIPPS COLONY CT #103  
 CITY-ST-ZIP GULFPORT FL 33701

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9-23-02

Date

Daytime Phone #

CR2E083 (4/02)