2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L50528

1. Entity Name
JOHN KNAPP INSURANCE, INC.

FILED
00 OCT 20 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1010 JAMAICA AVE FORT PIERCE FL 34982 US	1010 JAMAICA AVE FORT PIERCE FL 34982 US

2. Principal Place of Business	3. Mailing Address
1214 Country Gardens Lane Suite, Apt. #, etc.	1214 Country Gardens Lane Suite, Apt. #, etc.
Ft Pierce, Fl	Ft Pierce, FL
Zip 34982 Country St Lucie	Zip 34982 Country St Lucie

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

2000

4. FEI Number 65-0164214 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
KNAPP, JOHN 1010 JAMAICA AVE FORT PIERCE FL 34982	Name: John Knapp Street Address (P.O. Box Number is Not Acceptable): 1214 Country Gardens Lane City: Ft Pierce FL Zip Code: 34982

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: John M Knapp — DATE: 10/1/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	PTSD ☐ Delete	TITLE	900003455829--7 ☐ Change ☐ Addition
NAME	KNAPP, JOHN	NAME	-11/07/00--01108--003
STREET ADDRESS	1010 JAMAICA AVE	STREET ADDRESS	****750.00 ****750.00
CITY-ST-ZIP	FORT PIERCE FL 34982	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	LS
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: John M Knapp President — 10/1/00 — 561 461 7670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0127848

CR2E034 (5/00)