

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L50528

1. Entity Name

JOHN KNAPP INSURANCE, INC.

Principal Place of Business

1010 JAMAICA AVE
FORT PIERCE FL 34982
US

Mailing Address

1010 JAMAICA AVE
FORT PIERCE FL 34982
US

2. Principal Place of Business

1214 Country Gardens Lane
Suite, Apt. #, etc.

3. Mailing Address

1214 Country Gardens Lane
Suite, Apt. #, etc.

City & State

FX Pierce, FL

City & State

FX Pierce, FL

Zip 34982

Zip 34982

Country 5th Avenue

Country 5th Avenue

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

Name

John Knapp

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

City

1214 Country Gardens Lane

FX Pierce FL 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 Knapp

Signature, Typed or Printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/1/00

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	PTSD KNAPP, JOHN 1010 JAMAICA AVE FORT PIERCE FL 34982	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9000003455829-7 -11/07/00--01108--003 ****750.00 ****750.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Knapp, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/00

5614617670

Daytime Phone #

CR2E034 (5/00)

0127848