

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90104 002 ***150.00

DOCUMENT # M89534

1. Entity Name
KNICK DRAFTING, INC.



Principal Place of Business

~~973 N. HARBOR CITY BLVD.~~
MELBOURNE FL 32935
US

Mailing Address

~~973 N. HARBOR CITY BLVD.~~
MELBOURNE FL 32935
US

2. Principal Place of Business

700 N. Wickham Road

Suite, Apt. #, etc.

Suite 101

City & State

Melbourne, FL

Zip **32935**

Country **USA**

3. Mailing Address

700 N. Wickham Road

Suite, Apt. #, etc.

Suite 101

City & State

Melbourne, FL

Zip **32935**

Country **USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2895482

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KNICK, BARBARA G

~~973 N HARBOR CITY BLVD~~ ~~700 N. Wickham Rd~~
MELBOURNE FL 32935
Suite 101

7. Name and Address of New Registered Agent

Name **Barbara G. Knick**

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

700 N. Wickham Road

Suite 101

City

Melbourne

FL

Zip Code

32935

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

Barbara G. Knick

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KNICK, BARBARA G.	
STREET ADDRESS	973 N. HARBOR CITY BLVD. 700 N. Wickham Rd.	
CITY-ST-ZIP	MELBOURNE FL Suite 101	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara G. Knick, President (Barbara G. Knick) **1/10/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)