


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-13-2003 90057 049 ****61.25

DOCUMENT # N51039	
1. Entity Name KNB FOR LIFE, INC.	

Principal Place of Business 4030 NE JOES POINT RD STUART FL 34996	Mailing Address 4030 NE JOES POINT RD STUART FL 34996
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0361100	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BEARD, REDA B. 4030 NE JOES POINT RD STUART FL 34996

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	NAME
D	BEARD, VERNON D.
STREET ADDRESS	4030 NE JOES POINT RD
CITY-ST-ZIP	STUART FL 34996
<input type="checkbox"/> Delete	
D	BEARD, REDA D.
STREET ADDRESS	4030 NE JOES POINT RD
CITY-ST-ZIP	STUART FL 34996
<input type="checkbox"/> Delete	
D	BEARD, DONESE K.
STREET ADDRESS	131 NW 73 TERR
CITY-ST-ZIP	PLANTATION FL 33317
<input type="checkbox"/> Delete	
D	WILKERSON, ROBERT
STREET ADDRESS	3615 SMITH ROYALS RD
CITY-ST-ZIP	PLANT CITY FL 33567
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 617, 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: *Reda B. Beard* **1-09-03 712-225-8978**

CR2E037 (10/02)