

DOCUMENT # P99000072673

1. Entity Name

KNIGHT POLE AND POST COMPANY, INC.

Principal Place of Business

2671 DELAWARE ROAD
DELTONA FL 32738

Mailing Address

2671 DELAWARE ROAD
DELTONA FL 32738-2814

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

KNIGHT, LENARD
2671 DELAWARE ROAD
DELTONA FL 32738

4. FEI Number

59-3640902

Applied For

Not Applicable

8. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when renewing)

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSD	☐ Delete
NAME	KNIGHT, LENARD	
STREET ADDRESS	2671 DELAWARE ROAD	
CITY - ST - ZIP	DELTONA FL 32738	

TITLE	VTD	☐ Delete
NAME	KNIGHT, BONITA	
STREET ADDRESS	2671 DELAWARE ROAD	
CITY - ST - ZIP	DELTONA FL 32738	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Delete
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 807, 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 corporations.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lenard Knight 3-7-00 904-789-4289

Date

Office Phone #

CSE0034 (9/99)