2000 UNIFORM BUSINESS REPORT (UBR) FILED May 09, 2000 8:00 am Secretary of State DOCUMENT # **N97000004868** 1. Entity Name THE KNIGHTS' PROJECT, INC. 05-09-2000 90013 024 ****61.25 Principal Place of Business Mailing Address PO BOX 11562 100 W 32 CT កក្មក្សិបិទិនិ RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33419-1562 动物 密格斯马科 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0806625 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ħnio Street Address (P.O. Box Number is Not Acceptable) 1 1 1/2 L KNIGHT, RENITTA H 700 W 32 CT 14th St 660 RIVIERA BEACH FL-99404 Zip Code 33464 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 Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW: \$5.00** May Be Department of State Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. M Change PD TITLE PD ☐ Addition TITLE ☐ Defete Knight, Renitta KNIGHT, RENITTA NAME NAME 100 W 32 GT-STREET ADDRESS STREET ADDRESS RIVIERA BEACH FL 33404 CITY-ST-ZIP CITY-ST-ZIP Riviera Beach, FG 33464 Change Addition TD ☐ Delete TITLE TITLE LUNDY, DOUGLAS NAME Lundy, Dougla NAME 1660 W. 14th St STREET ADDRESS STREET ADDRESS 100 W 32 CT-Riviera Beach, FL 33404 CITY-ST-7IP CITY-ST-ZIP RIMERA BEACH FL 33404 ☐ Delete TITLE ☐ Change Addition TITLE GADSON, CHEVETTE NAME NAME STREET ADDRESS STREET ADDRESS 1480 NW 3 ST CITY-ST-ZIP **BOYNTON BEACH FL 33435** CITY-ST-ZIP ☐ Change ☐ Addition **Delete** TITI F MCBRIDE, BRENDA PH.D. NAME NAME STREET ADDRESS 4700 BROADWAY STREET ADDRESS W PALM BCH FL 33407 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 attach

STREET ADDRESS CITY-\$T-ZIP

TITLE

NAME

SIGNATURE

TITLE

NAME STREET ADDRESS

Delete

☐ Change

Addition