

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/19/01-9

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90045 048 \*\*\*150.00

DOCUMENT # P00000010997

1. Entity Name

A KNOT JUST MARITIME SERVICE, INC.

Principal Place of Business

Mailing Address

2333 KNOLL AVE. NORTH  
 PALM HARBOR FL 34683

2333 KNOLL AVE. NORTH  
 PALM HARBOR FL 34683

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3619275

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEINER, CAROL A  
 2333 KNOLL AVE. NORTH  
 PALM HARBOR FL 34683

Name

Angela L. Leiner

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

2333 Knoll Ave No

City

Palm Harbor

FL

Zip Code  
 34683

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

Angela L. Leiner Pres.

01-10-01

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$550.00**  
**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<br>VP                         | VP / SEC    | <input type="checkbox"/> Delete |
| NAME<br>C.A. Leiner                 |             |                                 |
| STREET ADDRESS<br>2333 KNOLL AVE NO |             |                                 |
| CITY-ST-ZIP<br>Palm Harbor FL 34683 |             |                                 |
| TITLE<br>T                          | A.M. Leiner | <input type="checkbox"/> Delete |
| NAME<br>A.M. Leiner                 |             |                                 |
| STREET ADDRESS<br>2333 KNOLL AVE N  |             |                                 |
| CITY-ST-ZIP<br>PALM HARBOR FL 34683 |             |                                 |
| TITLE                               |             | <input type="checkbox"/> Delete |
| NAME                                |             |                                 |
| STREET ADDRESS                      |             |                                 |
| CITY-ST-ZIP                         |             |                                 |
| TITLE                               |             | <input type="checkbox"/> Delete |
| NAME                                |             |                                 |
| STREET ADDRESS                      |             |                                 |
| CITY-ST-ZIP                         |             |                                 |
| TITLE                               |             | <input type="checkbox"/> Delete |
| NAME                                |             |                                 |
| STREET ADDRESS                      |             |                                 |
| CITY-ST-ZIP                         |             |                                 |
| TITLE                               |             | <input type="checkbox"/> Delete |
| NAME                                |             |                                 |
| STREET ADDRESS                      |             |                                 |
| CITY-ST-ZIP                         |             |                                 |

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

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 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 empowered.

SIGNATURE:

Angela L. Leiner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-01 727-2852945

Date

Daytime Phone #

CR2E034 (10/00)



Department of the Treasury  
Internal Revenue Service

ATLANTA, GA 39901

Doc# P000000010997

6(33)

In reply refer to: 0716626534

Feb. 25, 2000 LTR 385C

~~59-3619275~~ 000000 00 000

02848

A KNOT JUST MARITIME SERVICE INC  
% CAROL A LEINER  
2333 KNOLL AVE N  
PALM HARBOR FL 34683

Taxpayer Identification Number: 59-3619275

Dear Taxpayer:

We accept your election to be treated as an S corporation with an accounting period of Dec. 31, 2000, beginning Jan. 01, 2000.

Note: If we examine your return, we will verify that this election is appropriate for your situation.

The address on your election is different from the address on our records. If the address on your election is correct, please complete and send us the enclosed Form 8822, Change of Address, so we may update our records.

If you have any questions, please call us toll free at 1-800-829-1040. If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone Number ( ) \_\_\_\_\_ Hours \_\_\_\_\_

Please keep this letter in your permanent records as proof of acceptance as an S corporation.