

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90197 037 \*\*\*150.00

**DOCUMENT # P00000018174**

1. Entity Name  
**WILLIAM KNABB, INC.**



Principal Place of Business  
**701 FISK STREET  
SUITE 110  
JACKSONVILLE FL 32204  
US**

Mailing Address  
**POST OFFICE BOX 4550  
JACKSONVILLE FL 32201**



2. Principal Place of Business  
**701 Riverside Park Place**

3. Mailing Address  
**701 Riverside Park Place**

Suite, Apt. #, etc.  
**Suite 110**

Suite, Apt. #, etc.  
**Suite 110**

City & State  
**Jacksonville Florida**

City & State  
**Jacksonville, Florida**

4. FEI Number **59-3626751**

Applied For  
Not Applicable

Zip Country  
**32204 USA**

Zip Country  
**32204 USA**

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

**YONG, FRANK J  
701 FISK STREET  
SUITE 110  
JACKSONVILLE FL 32204**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**701 Riverside Park Place  
Suite 110  
City Jacksonville FL Zip Code 32204**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MCCAULEY, GWENDOLYN E 701 FISK STREET SUITE 110 JACKSONVILLE FL 32204</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>701 Riverside Park Place, Suite 110 Jacksonville, Florida 32204</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD KNABB, WILLIAM R 701 FISK STREET SUITE 110 JACKSONVILLE FL 32204</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>701 Riverside Park Place, Suite 110 Jacksonville, Florida 32204</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD KNABB, WILLIAM W 701 FISK STREET SUITE 110 JACKSONVILLE FL 32204</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>701 Riverside Park Place, Suite 110 Jacksonville, Florida 32204</b>
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CR2E034 (10/02)

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: Gwendolyn McCauley  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-03 386-755-6155  
Date Daytime Phone #