

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000020771

Entity Name

KNITEX, INC

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90264 015 ***158.75

Principal Place of Business

Mailing Address

190 SW 75 AVE
 MARGATE FL 33068

C0067936

Principal Place of Business

3. Mailing Address

MARGATE FL

190 SW 75 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MARGATE FL

City & State

MARGATE FL

4. FEI Number

65-0993916

Applied For

Not Applicable

Zip Country

33068 BROWARD

Zip Country

33068 BROWARD

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

ROGER MAUGHN
 190 SW 75 AVE
 MARGATE FL
 33068

Name

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

City

FL

Zip Code

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

Roger Maughn

ROGER MAUGHN

4/29/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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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.

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\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

E ME MEET ADDRESS /-ST-ZIP PRESIDENT ROGER MAUGHN 190 SW 75 AVE MARGATE FL 33068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E ME MEET ADDRESS /-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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E ME MEET ADDRESS /-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Roger Maughn

ROGER MAUGHN

4/29/01

954 688 0208

CR2E034 (11/00)