

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90207 032 ***150.00

DOCUMENT # P00000023310

1. Entity Name

KNIGHT BUSINESS SERVICES, INC.

Principal Place of Business

1401 UNIVERSITY DRIVE #301
 CORAL SPRINGS FL 33071

Mailing Address

1401 UNIVERSITY DRIVE #301
 CORAL SPRINGS FL 33071

2. Principal Place of Business

52 W. Oakland Pk Blvd

3. Mailing Address

52 W. Oakland Pk Blvd

Suite, Apt. #, etc.

#159

Suite, Apt. #, etc.

#159

City & State

Wilton Manors

City & State

Wilton Manors

4. FEI Number

65-1008553

Applied For

Not Applicable

Zip

Country

Broward

Zip

Country

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

WALTERS, DONALD R
 1401 UNIVERSITY DRIVE #301
 CORAL SPRINGS FL 33071

Name

David W. Knight

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

1940 NE 2nd Av. #214J

City

Wilton Manors

FL

Zip Code

33305

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 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 ☐ Delete
 NAME D
 STREET ADDRESS KNIGHT, DAVID W
 CITY-ST-ZIP 1940 NE 2ND AVENUE #214J
 WILTON MANORS FL 33305

TITLE ☒ Change ☐ Addition
 NAME P
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

Daytime Phone #

(954) 563-1116

CR2E034 (10/00)