

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90064 046 ***150.00

DOCUMENT # P00000079390

1. Entity Name
TIGHT CONNECTIONS, INC.



Principal Place of Business
**3245 N. COURTENAY PKWY
UNIT 25610
MERRITT ISLAND FL 32953**

Mailing Address
**4035 SHUTTLE CT.
MERRITT ISLAND FL 32953**

11007205



2. Principal Place of Business

3245 N. Courtenay Pkwy

3. Mailing Address

4035 Shuttle Ct.

Suite, Apt. #, etc.

UNIT 218

Suite, Apt. #, etc.

City & State
Merritt Island, FL.

City & State
Merritt Island, FL.

Zip
32953

Country
USA

Zip
32953

Country
USA

4. FEI Number
59-3674020

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KNIGHT, MICHAEL LOUIS JR.
4035 SHUTTLE CT.
MERRITT ISLAND FL 32953**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 **Michael Louis Knight Jr. President**

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

(NOTE: Registered Agent signature required when reinstating)

Michael D Knight Jr.

DATE

4/21/03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KNIGHT, MICHAEL LOUIS JR.
4035 SHUTTLE CT.
MERRITT ISLAND FL 32953** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KNOGT, STACEY LYNN
4035 SHUTTLE LYNN
MERRITT ISLAND FL 32953** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D Knight, Stacey Lynn
4035 Shuttle Ct
Merritt Island, FL 32953** ☒ Change ☐ Addition

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

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

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

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: **Michael Louis Knight Jr. President** **Michael L. Knight Jr.** **4/21/03** **321-288-2626**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)