2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000092625 1. Entity Name KNIT SOLUTIONS, INC.				Secretary of State 01-31-2002 90070 032 ***150.00	Δ9 ΔV	
Principal Place of Business 936 GREENWOOD RD. WESTON FL 33327 Mailing Address 936 GREENWOOD RD. WESTON FL 33327						
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State		-	4. FEI Number 65-1047866 Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired See Required Fee Required	
	6. Name and Address of Current	Registered Agent		N	7. Name and Address of New Registered Agent	
Varrone, david j 936 greenwood RD. Weston FL 33327				Name Street Address (P.O. Box Number is Not Acceptable) City		
8. The above	named entity submits this statement for any warm. Signature, typed or printed are of registered agent.	David J.	Varr	one (istered agent, or both, in the State of Florida. President Ultra Date Zip Code Zip Code	
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!! After May 1, 200 Make Check Payabl	2 Fee wi	II be \$550.00	State State	
11. TITLE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND CEO VARRONE, DAVID J 936 GREENWOOD RD. WESTON FL 33327	DIRECTORS Delete	12. TITLE NAME STREET	ADDRESS 3	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Perfange Addition Addition Addition Addition Addition Addition Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WESTON TE SOSE	☐ Delete	TITLE NAME	ADDRESS	☐ Change ☐ Addition	CR
NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME STREET CITY-ST	ADDRESS I-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Celete	NAME STREET CITY-ST	ADDRESS T-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S'	ADDRESS T-ZIP	☐ Change ☐ Addition	
THTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T- ZIP	☐ Change ☐ Addition	
13. I hereby		s true and accurate and that mo			n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR