FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

SIGNATURE: Willaim Lonnie Keith
SIGNATURE AND WPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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DOCUMENT # P01000013316								
1. Entity Name					02 NOV 15	02 NOV 15 AM 8: 10		
Alliance Knife of Florida, Inc.								
					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
					TALLAHASSE:	E, FLURIUA		
DO NOT WRITE IN THIS SPACE								
					00000 3 11/15/02010	#D23#8	71 <u>]</u> ** ⁷⁶ 0 00	
Principal Place of Busi	ness	3. Mailing Address			11/15/02010	15277025 1	**(5U.UU	
		P.O. Box 729			e e e e e e	egg-		
ر Şulte, Apt. #, etc.		Suite, Apt. #, etc.		PENDONOTWRITEIN THIS SPACE // Z				
Suite 103 City & State		City & State		4. FEI Number		Applied For		
•		Harrison, OH		59-3699972	_	Not Applicable		
Orlando, FL Zip	Country	Zlp	1		39-3099912	\$8.7	5 Additional	
32812	USA	45030	USA		5. Certificate of Status Desired		tequired	
Company of the second	AND THE PROPERTY OF	Sec. Capa Bour Settings A 40	Sugar	· · · · · · · · · · · · · · · · · · ·	Name and Address of Curr	ent Registered	Agent	
		Name Ivan Cruz						
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable) 5448 Hoffner Avenue				
alan basanlan jaga Se	N THIS SP	ACE		3448 HOII	ner Avenue			
paradose de la company		allowed the sales and		Suite 103		- 171- i	2-d-	
Orlando					FL ^{Zip Code} 32812			
8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida.								
SIGNATURE Ivan Cruz 11-11-02								
Signature typed or printed 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. After May 1 Fee is \$550.00 Tax filing requirement and elects to do so. Added to Fees								
(See criteria on back)	·—	Amend Makê Check Pay	ed UB able to	R is \$61.25 Department of St	25.00		Added to Fees	
11.	OFFICERS AND DIRECT	ORS	100	Secret state Green			24 32223	
nne President NAME William Lonnie Keith				ΠΕ AME	A service of property of the service		<u> </u>	
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NAME Sharon Keith				ME A A A A A A A A A A A A A A A A A A A		rate for the second	1000000000000	
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indicated on this repo of the corporation or	ort or supplemental report is	true and accurate and that my owered to execute this report a	signatu	ire shall have the sai	tion 119.07(3)(i), Florida Statutes, me legal effect as If made under Florida Statutes; and that my na	oath; that I am an	officer or director	

91 11/20

513-367-9000