

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV 15 AM 8:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000009023870  
11/15/02--01052--025 \*\*750.00

REINSTATEMENT  
DO NOT WRITE IN THIS SPACE

02

DOCUMENT # P01000013316  
1. Entity Name  
Alliance Knife of Florida, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 5448 Hoffner Avenue Suite, Apt. #, etc. Suite 103 City & State Orlando, FL Zip 32812 Country USA		3. Mailing Address P.O. Box 729 Suite, Apt. #, etc. City & State Harrison, OH Zip 45030 Country USA	
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4. FEI Number 59-3699972	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
Ivan Cruz  
Street Address (P.O. Box Number is Not Acceptable)  
5448 Hoffner Avenue  
Suite 103  
City  
Orlando  
FL Zip Code  
32812

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 Ivan Cruz 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. (See criteria on back) <input type="checkbox"/>	January 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE President NAME William Lonnie Keith STREET ADDRESS P.O. Box 729 CITY-ST-ZIP Harrison, OH 45030
TITLE Secretary NAME Sharon Keith STREET ADDRESS P.O. Box 729 CITY-ST-ZIP Harrison, OH 45030
TITLE Treasurer NAME William Lonnie Keith STREET ADDRESS P.O. Box 729 CITY-ST-ZIP Harrison, OH 45030
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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 on an attachment with an address, with all other like empowered.  
SIGNATURE: William Lonnie Keith William Lonnie Keith 11-5-02 513-367-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

gs 11/20