

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUN 17 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # Shane Knepp Construction Inc.
1. Entity Name FPO1000053649

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Sarasota
Suite, Apt. #, etc.

3. Mailing Address 840 Hancock Ave.
Suite, Apt. #, etc.

City & State Sarasota
Zip 34232 Country

City & State FL 34232
Zip Country

4. FEI Number 05-1105419
Applied For ☐ Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Melissa L. Knepp
Street Address (P.O. Box Number is Not Acceptable) 840 Hancock Av.
Sarasota
City FL Zip Code 34232

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

(NOTE: Registered Agent signature required when reinstating)

6/10/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE Mark Davis Director
NAME 840 Hancock Av.
STREET ADDRESS Sarasota FL 34232
CITY-ST-ZIP

TITLE 300006066883
NAME 06/27/02-01049-017
STREET ADDRESS *****61.25 *****61.25
CITY-ST-ZIP

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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: Shane Knepp - President 6-10-02 9413718360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #