

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-10-2003 90094 004 ***150.00

DOCUMENT # P01000069962

1. Entity Name
KNOTTS BUILDING CORPORATION



Principal Place of Business
**1910 J&C BLVD
NAPLES FL 34109**

Mailing Address
**1910 J&C BLVD
NAPLES FL 34109**

2. Principal Place of Business
1996 Seward Avenue
Suite, Apt. #, etc.

3. Mailing Address
1996 Seward Avenue
Suite, Apt. #, etc.

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number **59-3730985**

Applied For
Not Applicable

Zip
34109

Country
US

Zip
34109

Country
US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BROWN, WILLIAM A~~ *Naples Lawdock, Inc.
~~4222 SW 14TH AVE~~ 4501 Tamiami Trail N., #300
~~CAPE CORAL FL 33914~~ Naples, FL 34103

*Per Amendment 12/27/02

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/24/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BROWN, WILLIAM A
4222 SW 14TH AVE.
CAPE CORAL FL 33914** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
LAWSON, STEVEN D
1500 PELICAN AVE
NAPLES FL 34102** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~SD
DAVIS, WILLIE J JR.
3051 INDIAN ST
FORT MYERS FL 33916~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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:

WILLIAM A. BROWN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03 (234597-6043)
Date Daytime Phone #

CR2E034 (10/02)