

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90279 014 ***150.00

DOCUMENT # P01000081213

1. Entity Name

DONALD CHRISTY KNAPMEYER, P.A.

Principal Place of Business

**413 CLEVELAND STREET
 CLEARWATER FL 33755**

Mailing Address

**413 CLEVELAND STREET
 CLEARWATER FL 33755**

2. Principal Place of Business

413 Cleveland Street

3. Mailing Address

413 Cleveland Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater FL

4. FEI Number

59-3738796

Applied For

Not Applicable

Zip

33755

Country

USA

Zip

33755

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KNAPMEYER, DONALD C
 413 CLEVELAND STREET
 CLEARWATER FL 33755**

7. Name and Address of New Registered Agent

~~Name **KNAPMEYER, Donald C.**~~

~~Street Address (P.O. Box Number is Not Acceptable)~~

~~**413 Cleveland Street**~~

~~City~~

~~**Clearwater**~~

~~**FL**~~

~~Zip Code~~

~~**33755**~~

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

Signature, typed or printed name 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)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **D** ☐ Delete
 NAME **KNAPMEYER, DONALD C ESQ.**
 STREET ADDRESS **413 CLEVELAND STREET**
 CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/01 727 461-1733

CR2E034 (9/01)