

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90126 024 \*\*\*150.00

DOCUMENT # P02000054839

1. Entity Name  
FORT KNOX SERVICES, INC.



Principal Place of Business  
777 E MERRITT ISL CSWY  
MERRITT ISLAND FL 32952

Mailing Address  
777 E MERRITT ISL CSWY  
MERRITT ISLAND FL 32952

2. Principal Place of Business

777 E. merri. # Isl.

3. Mailing Address

777 E. merri. # Isl.

Suite, Apt. #, etc.

170

Suite, Apt. #, etc.

170

City &amp; State

merri. # Isl.

City &amp; State

merri. # Isl. FL

Zip

32952

Country

Brevard

Zip

32952

Country

4. FEI Number

71-0885630

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KNOX, JINGER  
777 E MERRITT ISL CSWY  
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

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

1-5-03

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Jinger Knox (President) ☐ Delete  
777 E merri. # Isl. Cswy  
merri. # Isl. FL 32952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Chad Knox (V. President) ☐ Delete  
777 E merri. # Isl. Cswy  
merri. # Isl. FL 32952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Jinger Knox*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-03

Date

321-783-0110

Daytime Phone #

CR2E034 (10/02)