

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90299 017 \*\*\*150.00

90016300



☒ CHECK HERE IF MAKING CHANGES

<b>DOCUMENT #</b> P02000064268	
<b>1. Entity Name</b> ROBERT W. KNAPP AND COMPANY, INC.	

<b>Principal Place of Business</b> C/O WILLIAM SCOTT FOSTER 909 MAR WALT DRIVE #1014 FORT WALTON BEACH FL 32547	<b>Mailing Address</b> C/O WILLIAM SCOTT FOSTER 909 MAR WALT DRIVE #1014 FORT WALTON BEACH FL 32547
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<b>2. Principal Place of Business</b> 60 LIVE OAK STREET Suite, Apt. #, etc.	<b>3. Mailing Address</b> 60 LIVE OAK STREET Suite, Apt. #, etc.
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<b>City &amp; State</b> SANTA ROSA BEACH, FL	<b>City &amp; State</b> SANTA ROSA BEACH, FL
<b>Zip</b> 32459	<b>Country</b> WALTON

<b>4. FEI Number</b> 30-0104428	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  FOSTER, WILLIAM S 909 MAR WALT DRIVE SUITE 1014 FORT WALTON BEACH FL 32547
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<b>7. Name and Address of New Registered Agent</b> Name: ROBERT W. KNAPP Street Address (P.O. Box Number is Not Acceptable): 60 LIVE OAK STREET City: SANTA ROSA BEACH, FL Zip Code: 32459
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<b>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.</b>	
SIGNATURE: <i>Robert W. Knapp</i>	ROBERT W. KNAPP 1-29-03
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	KNAPP, ROBERT W
STREET ADDRESS	60 LIVE OAK STREET
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

<b>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.</b>	
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<b>SIGNATURE:</b> <i>Robert W. Knapp</i>	ROBERT W. KNAPP 1-29-03 850-21-9909
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	

CR2E034 (10/02)