

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/11/2003-90096-036-\$550.00-\$550.00

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DOCUMENT # P02000104467

1. Entity Name
CKNOBLAUCH, INC.



FILED
03 SEP 25 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6510 S. E. HERITAGE BOULEVARD
HOBE SOUND FL 33455

Mailing Address
184 KLEE CIRCLE
PORT ST. LUCIE FL 34953

184 Klee Circle
Port St Lucie Fla

2. Principal Place of Business
184 Klee Circle

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip
34953

Country

Zip

Country

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

Name

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

City

FL

Zip Code

BEAUCHAMP, BRIAN M
759 SOUTH FEDERAL HIGHWAY
SUITE 302
STUART FL 34994

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

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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
PVST
KNOBLAUCH, CONNIE
184 KLEE CIRCLE
PORT ST. LUCIE FL 34953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Connie Knoblauch

9/1/03

772-216-8571

Daytime Phone

CR2E034 (4/03)