

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000109132

1. Entity Name  
KNUCKLE GLOVE, INC.



**FILED**  
**Sep 12, 2003 8:00 am**  
**Secretary of State**

09-12-2003 90102 029 \*\*\*158.75

0098101  
AV

Principal Place of Business  
6820 BANJAMIN RD  
TAMPA FL 33634

Mailing Address  
6820 BANJAMIN RD  
TAMPA FL 33634



2. Principal Place of Business

3. Mailing Address

11317 Georgetown Circle PO Box 260037

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

06-1652315

Applied For

Not Applicable

Zip

Country

Zip

Country

33635

USA

33685-0037

USA

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

F & L CORP.

200 L'AURA ST N 3 FLOOR  
JACKSONVILLE FL 32202

I don't know  
who this is

this is a mistake

This name is wrong.

Name

David Goldwitzer

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

11317 Georgetown Circle

City

Tampa

FL

Zip Code

33635

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

David Goldwitzer

David Goldwitzer

09/10/03

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  
D  
GOLDWITZ, DAVID  
6820 BANJAMIN RD  
TAMPA FL 33634  
name is correct

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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:

David Goldwitzer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09/10/03

813-767-0766

CR2E034 (4/03)

ATTACHMENT

80147822 09/10/03

To Whom It May Concern

I did not receive any prior notice & that  
I am aware of.) Should you have any questions  
please call 1-813-767-0762. Thank you &  
kindest regards.

P02000109132

David Goldust  
President