

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90354 028 ***158.75

DOCUMENT # *P93000005604*

1. Entity Name
Verlie Knox Incorporated
1536 No Abalone Ter
Hernando FL 34442

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1536 No Abalone Ter
Suite, Apt. #, etc.

3. Mailing Address
1536 No Abalone T
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hernando FL
Zip
34442

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Hernando FL
Zip
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4. FEI Number *593158379*
~~593158379~~
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name *Verlie D Knox*
Street Address (P.O. Box Number is Not Acceptable)
1536 No Abalone Ter
City *Hernando* **FL** Zip Code *34442*

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

President Sole Proprietor
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Verlie D. Knox
1536 No Abalone Ter
Hernando FL 34442

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Verlie D Knox* *Verlie D Knox* *4/22/02* *352 526*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)