2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 03, 2000 8:00 am DOCUMENT # **P93000006672 Secretary of State** SUSAN KNIGHT INTERIORS, INC. 03-03-2000 90265 042 ***150.00 Principal Place of Business Mailing Address C/O 4691 N. UNIVERSITY DRIVE C/O 4691 NORTH UNIVERSITY DRIVE **SUITE 201** SUITE 201 CORAL SPRINGS FL 33067 **ԵՈՆ**ՈՆԵսո CORAL SPRINGS FL 33067 2. Principal Place of Business 3. Mailing Address 8110 Falls Lane 4630 North University Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE PMB 201 4. FEI Number Applied For City & State City & State 65-0388961 Not Applicable Parkland, FL Cora<u>l Spr</u>ings<u>,</u> FLZip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33067 33067 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SUSAN KNIGHT Street Address (P.O. Box Number is Not Acceptable) 8110 FALLS LANE SUITE 114 PARKLAND FL 33067 Zip Code FL 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE TITLE Delete NAME NAME KNIGHT, SUSAN STREET ADDRESS STREET ADDRESS 8110 FALLS LANE CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL Change ☐ Addition Delete TITLE. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

SIGNATURE: 12

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND PEPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Knight

(954) 340-2090

Daytime Phone #