

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000025679

1. Entity Name

KNIGHT'S PROPERTY DAMAGE APPRAISERS, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90088 040 ***150.00

Principal Place of Business

Mailing Address

~~EMERSON STREET~~
~~JACKSONVILLE FL 32207~~

~~4441 EMERSON ST.~~
~~JACKSONVILLE FL 32211-7807~~
~~US~~

2. Principal Place of Business

230 Arlington Rd. N
Suite, Apt. #, etc.

3. Mailing Address

230 Arlington Rd. N
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, FL

Zip
32211

Country
FL

City & State
Jacksonville

Zip
FL

Country
FL

4. FEI Number 59-3175195

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KNIGHT, TIMOTHY
4441 EMERSON ST.
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

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

230 Arlington Rd North
City
Jacksonville FL FL Zip Code
32211

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 Kristy Knight
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

3-6-2000

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DVST	KNIGHT, TIMOTHY	4441 EMERSON ST.	JACKSONVILLE FL	<input type="checkbox"/>
V	KNIGHT, HOWARD	4441 EMERSON ST	JACKSONVILLE FL 32207	<input checked="" type="checkbox"/>
P	KNIGHT, KRISTY	4441 EMERSON ST	JACKSONVILLE FL 32207	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		230 Arlington Rd N	Jacksonville, FL. 32211	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
		230 Arlington Rd N	Jacksonville, FL. 32211	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-6-2000 904-396-5806

CR2E034 (9/99)