

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000025679

1. Entity Name

KNIGHT'S PROPERTY DAMAGE APPRAISERS, INC.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90113 022 \*\*\*150.00

Principal Place of Business

230 ARLINGTON RD N  
JACKSONVILLE FL 32211  
US

Mailing Address

230 ARLINGTON RD N  
JACKSONVILLE FL 32211  
US

2. Principal Place of Business

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

3. Mailing Address

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

City & State

Jacksonville, FL

City & State

Jacksonville

Zip

32211

Country

DUVAL

Zip

FL 32211

Country

DUVAL

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, KRISTY  
230 ARLINGTON RD NORTH  
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2001 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  
DVST  
KNIGHT, TIMOTHY  
230 ARLINGTON RD N  
JACKSONVILLE FL 32211

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
KNIGHT, KRISTY  
230 ARLINGTON RD N  
JACKSONVILLE FL 32211

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 #

4/20/2001

904 396 5806

00153/3

CR2E034 (10/00)