

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90311 013 ***150.00

DOCUMENT # P93000040253

1. Entity Name
K:N.J., ASSOCIATES, INC.

Principal Place of Business

Mailing Address

% KAREN BIGHOUSE
5445 ENDICOTT PLACE
OVIEDO FL 32765

% KAREN BIGHOUSE
5445 ENDICOTT PLACE
OVIEDO FL 32765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3190257**

Applied For

Not Applicable

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

BIGHOUSE, KAREN
5445 ENDICOTT PLACE
OVIEDO FL 32765

Name

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

City

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 registering)

DATE

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

FIL NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$655.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
☐ Delete	D	BIGHOUSE, KAREN	5445 ENDICOTT PLACE OVIEDO FL 32765	☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ Addition			
☐ Delete				☐ 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)(f), 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

Signature Number

CR2E034 (10/00)