

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
 04-17-2000 90050 015 ***158.75

DOCUMENT # P94000052255

1. Entity Name
IKNOX, INC.

Principal Place of Business 2755 SUMBA AVENUE ORLANDO FL 32837-9575	Mailing Address 2755 SUMBA AVENUE ORLANDO FL 32837-6336 US
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C0062186



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13039 PRAIRIE MEADOWS DR. Suite, Apt. #, etc.	3. Mailing Address 13039 PRAIRIE MEADOWS DR. Suite, Apt. #, etc.
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City & State ORLANDO FL	City & State ORLANDO FL	4. FEI Number 59-3258279	Applied For <input type="checkbox"/> Not Applicable
Zip 32837	Country USA	Zip 32837	Country USA
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent OUELLETTE, GILLES 2755 SUMBA ORLANDO FL 32837	7. Name and Address of New Registered Agent Name: GILLES OUELLETTE Street Address (P.O. Box Number is Not Acceptable): 13039 PRAIRIE MEADOWS DR. City: ORLANDO FL Zip Code: 32837
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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: GILLES OUELLETTE DATE: 4/10/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P OUELLETTE, GILLES 2755 SUMBA AVE. ORLANDO FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT 13039 PRAIRIE MEADOWS DR. ORLANDO, FL 32837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP S BLOIN, REAL 200 4TH AVENUE DORION, QUEBEC CANADA J7V -1W2 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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: GILLES OUELLETTE DATE: 4/10/2000 (407)852-0430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)