## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 14, 2000 8:00 am Secretary of State DOCUMENT # P9400061234 KNUZYX INC. 03-14-2000 90088 037 \*\*\*150.00 Principal Place of Business Mailing Address 646 BLUEBIRD COURT 646 BLUEBIRD COURT LAKE MARY FL 32746-3927 LAKE MARY FL 32746 C0037264 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3268313 Not Applicable Zip\* H Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TASH, LINDA Street Address (P.O. Box Number is Not Acceptable) 646 BLUEBIRD COURT LAKE MARY FL 32746 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 Change D TITLE De'ete TITLE NAME TASH, KEEVIN G NAME STREET ADDRESS STREET ADDRESS 646 BLUEBIRD COURT CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 Change [ ] Addition ☐ De ete TITLE TITLE NAME TASH, LINDA NAME STREET ADDRESS STREET ADDRESS 646 BLUEBIRD COURT CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete

13. Thereby 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR