

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000067399**

1. Entity Name
KNAPKE FOOD SERVICES, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90359 019 ***150.00

Principal Place of Business
**1509 WOODFIELD OAKS DRIVE
APOPKA FL 32703**

Mailing Address
**1509 WOODFIELD OAKS DRIVE
APOPKA FL 32703**

B0039732



DO NOT WRITE IN THIS SPACE

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 **59-3266171**

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

**KNAPKE, MICHAEL W
1509 WOODFIELD OAKS DRIVE
APOPKA FL 32703**

Name

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

City

State

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 (if applicable)

(NOTE: Registered Agent's 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	KNAPKE, JEFFREY M.	
STREET ADDRESS	1509 WOODFIELD OAKS DR	
CITY-STATE-ZIP	APOPKA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KNAPKE, GEN-TZU	
STREET ADDRESS	1509 WOODFIELD OAKS DRIVE	
CITY-STATE-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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:

Michael W. Knapke

MICHAEL W. KNAPKE

APRIL 27, 2001

352 357-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)