

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000044650

1. Entity Name

D & L KNIVES, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90085 019 ***150.00

Principal Place of Business

7810 KINGMAN STREET
PANAMA CITY BEACH FL 32408

Mailing Address

7151 W HWY 98
SUITE 286
PANAMA CITY BEACH FL 32407-4868
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 9036

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Panama City, FL

Zip

Country

Zip

Country

32417

4. FEI Number

59-3327216

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CAMPBELL, DONALD K
7810 KINGMAN STREET
PANAMA CITY BEACH FL 32408

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, 2000 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 PD ☐ Delete
NAME CAMPBELL, DONALD K
STREET ADDRESS 7810 KINGMAN STREET
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

TITLE VPTD ☐ Delete
NAME CAMPBELL, LINDA J
STREET ADDRESS 7810 KINGMAN STREET
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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 life empowered.

SIGNATURE:

Donald K Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 April 2000 (850) 235-1469
Date Daytime Phone #

CR2E034 (9/99)