## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

P95000078983

1. Entity Name



Mar 10, 2003 8:00 am Secretary of State 03-10-2003 90733 039 \*\*\*150.00

**FILED** 

Principal Place of Business 1110 SOUTH BERNUDA AVENUE RISSMAKE FL 34741  2. Principal Place of Business Sulfa, Apf. #, etc.   Check Here IF MAKING CHANGES  Sulfa, Apf. #, etc.   Cuntry   Zip   Country   S. Certificate of Status Desired   S8.75 Additions  Address of Current Registered Agent   Nature   Nature   S8.75 Additions  Applied For   Nature   Nat	KNIGHTSI	BRIDGE CORPORATION C	OF KISSIMMEE						
Suite, Apt. #, etc.  Suite, Ap	1110 SOUTH (	BERMUDA AVENUE	1110 SOUTH BERM	1110 SOUTH BERMUDA AVENUE					
Suite, Apt. #, etc.  Suite, Ap									
City & State  Country  Cou	2. Principal F	Place of Business	3. Mailing Address	i		- -			
The Country	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING	CHANGES	3	
Size   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required   See Requi	City & State		City & State			50-33387M			
E. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Title Now!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II  TITLE  NAME  NAME  SIREET ADDRESS  RISEI ADDRESS  RISEI ADDRESS  RISEI ADDRESS  RISEI ADDRESS  RISEI ADDRESS  CITY-ST-ZP  TITLE  D DAVIES, SHEILA  1881 ANORADA BLVD.  RISSIMMEE FL  CITY-ST-ZP  CITY-ST-ZP	Zip Country		Zip Country						
HAIMES, MARK  1110 SOUTH BERMUDA AVENUE  * KISSIMMEE FL 34741  **Street Address (P.O. Box Number is Not Acceptable)  **City FL Zip Code  **City FL Zip Code  **The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  **SIGNATURE  **Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent Eignature required when reinstaling)  **PILE NOW!!! FEE IS \$150.00  **After May 1, 2003 Fee will be \$550.00  **Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  **TILE NAME**  1818 ANORADA BLVD.  **CITY-ST-ZIP**  **TILE**  D DAVIES, SHELA 1681 ANORADA BLVD.  KISSIMMEE FL  D DElete 1711 E		6 Name and Address of Curren	at Registered Agent				· · · · · · · · · · · · · · · · · · ·	ed	
** KISSIMMEE FL 34741  ** City ** FL ** Izip Code**  ** 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. I am familiar with, and accept the obligations of registered agent.  **SIGNATURE**  **Signature**: Typed or printed name of migratimed agent and title if applicable.**  **PILE NOW!!! FEE IS \$150.00  **After May 1, 2003 Fee will be \$550.00  **Make Check Payable to Florida Department of State**  **10. OFFICERS AND DIRECTORS**  **10. OFFICERS AND DIRECTORS**  **10. OFFICERS AND DIRECTORS**  **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  **ITILE**  **ITILE**  **ITILE**  **ITILE**  **IDAME**  **SIREET ADDRESS**  **CITY: ST-2P**  **ITILE**  **DAVIES, SHEILA**  **SIREET ADDRESS*  **CITY: ST-2P**  **CITY: ST-2P**  **DAVIES, SHEILA**  **SIREET ADDRESS*  **CITY: ST-2P**  **CITY: ST-2P*		o. Name and Address of Curren	it Registered Agent		Name	7. Name and Address of New Registered	agent		
**RISSIMMEE FL 34741  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE Signature: typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IIILE D CHANGE SIRET ADDRESS CITY-ST-ZIP  IIILE D CHANGE SIRET ADDRESS CITY-ST-ZIP  IIILE D CHANGE SHELIA SIRET ADDRESS CITY-ST-ZIP  IIILE D CHANGE SHELIA SIRET ADDRESS CITY-ST-ZIP  IIILE D CHANGE SHELIA SIRET ADDRESS CITY-ST-ZIP  IIILE D CHANGE SIRET ADDRESS CITY-ST-ZIP  IIILE SISSIMMEE FL  CITY-ST-ZIP  IIILE SISSIMMEE FL  CITY-ST-ZIP  IIILE SISSIMMEE FL  CITY-ST-ZIP  IIILE SISSIMMEE FL  CITY-ST-ZIP  IIILE SISSIMMEE SIRET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  IIILE SISSIMMEE SIRET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  IIILE SISSIMMEE SIRET ADDRESS CITY-ST-ZIP					Street Address (	P.O. Box Number is Not Acceptable)			
*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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Typed or privided name of registered agent and title if applicable.				-		The state of the s			
The obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE	4			-	City	FL	Zip Coc	de	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME HAMES, MARK SIREET ADDRESS CITY-ST-ZIP TITLE D OAVIES, SHEILA SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP CI	8. The above the obligat	named entity submits this statement titions of registered agent.	for the purpose of chang	ging its registere	d office or register	ed agent, or both, in the State of Florida. I am	l familiar with,	, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME SIREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	SIGNATURE			,					
After May 1, 2003 Fee will be \$550.00 May Be Added to Fees  10. OFFICERS AND DIRECTORS    11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE D HAIMES, MARK STREET ADDRESS CITY-ST-ZIP  TITLE D DAVIES, SHEILA STREET ADDRESS CITY-ST-ZIP  TITLE D DAVIES, SHEILA 1681 ANORADA BLVD. KISSIMMEE FL  TITLE D DAVIES, SHEILA 1681 ANORADA BLVD. KISSIMMEE FL  TITLE D DAVIES, SHEILA 1681 ANORADA BLVD. KISSIMMEE FL  TITLE D DAVIES, SHEILA 1681 ANORADA BLVD. KISSIMMEE FL  TITLE D DAVIES, SHEILA 1681 ANORADA BLVD. KISSIMMEE FL  TITLE D DAVIES, SHEILA 1681 ANORADA BLVD. KISSIMMEE FL  TITLE D DEIGLE TITLE  TITLE D DAVIES, SHEILA 1681 ANORADA BLVD. KISSIMMEE FL  TITLE D DEIGLE TITLE  TITLE D DEIGLE TITLE  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP			nt and title if applicable.	(NOTE: Registered	Agent signature required	when reinstating) DATE			
TITLE   D   Delete   Delete   TITLE   D   Delete   Delete   Delete   Delete   Delete   Delete   Delete   D   Delete	After	r May 1, 2003 Fee will be \$550.00							
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP				11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 11	
STREET ADDRESS CITY-ST-ZIP  KISSIMMEE FL  TITLE  D  OAVIES, SHEILA STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP		•	☐ Delete				☐ Change	☐ Addition	
CITY-ST-ZIP  KISSIMMEE FL  CITY-ST-ZIP									
TITLE NAME DAVIES, SHEILA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					l l				
STREET ADDRESS CITY-ST-ZIP  1681 ANORADA BLVD. KISSIMMEE FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP			☐ Delete	e TITLE			☐ Change	Addition	
CITY-ST-ZIP KISSIMMEE FL  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP								)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP  TITLE CHARGE CHAR						•			
NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP	T.T. E	INCOMMILL I L	Delete	TITLE			Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP				NAMÉ					
								~··	
			☐ Delete				☐ Change	☐ Addition	
NAME NAME	NAME				1				
STREET ADDRESS  STREET ADDRESS									
CITY-ST-ZIP CITY-ST-ZIP					ST-ZIP				
TITLE Change Addition   NAME			☐ Delete				∐ Change	Addition	
STREET ADDRESS STREET ADDRESS									
CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP			CITY-S	ST-ZIP				
ΤΙΤΙ.Ε         ΠΙΤ.Ε         ΤΙΤΙ.Ε         Change			☐ Delete				Change	☐ Addition	
NAME STREET ADDRESS					T +000000	•			
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	1								
12. I hereby certify that the information supplied with this filling 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 this and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director	<b>12.</b>   hereby c	certify that the information supplied wit	h thia filing does not qua	alify for the exem	nption stated in Sec	ction 119.07(3)(i), Florida Statutes. I further cert	tify that the i	information	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

MHAIMES 3/3