

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091140

1. Entity Name

KNIGHT FINANCIAL CORP.

Principal Place of Business

2808 TARFLOWER WAY  
NAPLES FL 33942

Mailing Address

814 W DIAMOND AVE  
#301  
GAITHERSBURG MD 20878

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 65-0628322

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

HANLEY, C. ROBERT  
2808 TARFLOWER WAY  
NAPLES FL 33942

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HANLEY, C. ROBERT  
2808 TARFLOWER WAY  
NAPLES FL 33942 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
HANLEY, DANIEL  
11206 MIDVALE ROAD  
KENSINGTON MD 20895 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
13325 Manor Stone Drive  
Germantown, MD 20874 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SV  
BEACHAM, LINDA  
14100 DARNESTOWN RD.  
DARNESTOWN MD 20874 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
281 Jamieson Ave, #403  
Alexandria, VA 22314 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 8, 01 (800) 787-4242  
Date Daytime Phone #

**FILED**  
**Aug 14, 2001 8:00 am**  
**Secretary of State**

08-14-2001 90005 035 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)