

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90098 005 ***550.00

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

4. FEI Number

65-0628322

Applied For

Not Applicable

Zip

Country

Zip

Country

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. 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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **P** ☐ Delete
 NAME **HANLEY, C. ROBERT**
 STREET ADDRESS **2808 TARFLOWER WAY**
 CITY-ST-ZIP **NAPLES FL 33942**

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

TITLE **V** ☐ Delete
 NAME **HANLEY, DANIEL**
 STREET ADDRESS **13325 MANOR STONE DRIVE**
 CITY-ST-ZIP **GERMANTOWN MD 20874**

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

TITLE **SV** ☐ Delete
 NAME **BEACHAM, LINDA**
 STREET ADDRESS **2081 JAMIESON AVENUE, #403**
 CITY-ST-ZIP **ALEXANDRIA VA 22314**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **104 FALLSGROVE BLVD. #3209**
 CITY-ST-ZIP **ROCKVILLE, MD 20850**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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 like empowered.

SIGNATURE:

Linda Beacham
LINDA BEACHAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/02

(300) 787-4242

Date

Daytime Phone #

CR2E034 (4/02)