

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90967 008 ***150.00

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
9900 BELWARD CAMPUS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 175

City & State

City & State
ROCKVILLE, MD

Zip

Country

Zip
20850

Country
USA

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

**HANLEY, C. ROBERT
2808 TARFLOWER WAY
NAPLES FL 33942**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. 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 **104 FALLSGROVE BLVD #3209**
CITY-ST-ZIP **ROCKVILLE MD 20850**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda Beacham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03 (800) 787-4242
Date Daytime Phone #

CR2E034 (10/02)