

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **96000000-949**

1. Entity Name

**Knox Masonry of Osceola, Inc**

Principal Place of Business

Mailing Address

**4880 Lillian Back Rd**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite/Apt: #, etc.

City & State

City & State

**St Cloud FL**

Zip

Country

Zip

Country

**34771 Osceola**

6. Name and Address of Current Registered Agent

**DIANNE M KNOX  
4880 LILLIAN BACK RD  
ST CLOUD FL 34771**

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

TITLE **PRESIDENT** ☐ Delete  
NAME **DIANNE M KNOX**  
STREET ADDRESS **4880 LILLIAN BACK RD**  
CITY-ST-ZIP **ST CLOUD FL 34771**

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

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 **300004480873-8**  
STREET ADDRESS **-07/17/01--01065--019**  
CITY-ST-ZIP **\*\*\*\$150.00 \*\*\*\$150.00**

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

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

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

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:

**DIANNE M KNOX**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-20-01 407 957-1520**

Date

Daytime Phone #

CR2E034 (11/00)

To whom it May Concern:

5-21-01  
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After realizing I had not received my 2001 VBR forms, I called the Dept of State and was informed that my Corporation had been dissolved due to incomplete information on my 2000 report forms and failure to respond to the Dept's request for additional info. I was totally unaware of this situation and have never received this request. I spoke with Michelle at the Dept and was told the Dept used an old P.O. box I once had although my correct physical address was in the Computer, and has been my primary address for 5 yrs.

I was told that this letter along with my VBR report and ck for \$150.00 to this address should clear up this matter.

Thank You

(Knox Masonry of Ascd) Sincerely  
Deanne M Knox