

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000092872

1. Entity Name
KNOP SERVICES, INC.

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90109 015 ***550.00

Principal Place of Business
680 WEST INDUSTRIAL AVENUE, UNIT 3
BOYNTON BEACH FL 33426

Mailing Address
P.O. BOX 3573
BOYNTON BEACH FL 33424-3573

2. Principal Place of Business

3. Mailing Address
4873 POSEIDON PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LAKE WORTH, FLA.

4. FEI Number 65-0709807

Applied For
Not Applicable

Zip

Country

Zip
33463-7287

Country
USA

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

YOHE, MARK D
680 WEST INDUSTRIAL AVENUE
UNIT 4
BOYNTON BEACH FL 33426

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
KNOP, ANDREW F
4873 POSEIDON PLACE
LAKE WORTH FL 33463 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
KNOP, ALAN F
3948 KENSKILL CIR.
LANTANA FL 33462 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/00
Date

561 738-2695
Daytime Phone #

CR2E034 (5/00)