## 2001 UNIFORM BUSINESS REPORT (UBR) \* FILED Mar 02, 2001 8:00 am Secretary of State DOCUMENT # P96000092872 KNOP SERVICES, INC. 03-02-2001 90022 038 \*\*\*150.00 Principal Place of Business Mailing Address 680 WEST INDUSTRIAL AVENUE, UNIT 3 4873 POSEIDIN PLACE BOYNTON BEACH FL 33426 LAKE WORTH FL 33463-7287 2. Principal Place of Business 3. Mailing Address a4 3573 Po Box 680 W INDUSTRIAL AVE #4 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0709807 $F_L$ BOYNTON BOYNTON BcH BCH Not Applicable Country Žip Country \$8.75 Additional 5. Certificate of Status Desired 33426 33424-3573 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YOHE, MARK D Street Address (P.O. Box Number is Not Acceptable) 680 WEST INDUSTRIAL AVENUE UNIT 4 **BOYNTON BEACH FL 33426** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE PTD. ☐ Delete TITLE Addition NAME KNOP, ANDREW F NAME STREET ADDRESS STREET ADDRESS 4873 POSEIDON PLACE CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33463 D Change TITLE ☐ Delete TITLE Addition NAME NAME KNOP, ALAN F STREET ADDRESS STREET ADDRESS 3948 KENSKILL CIR. CITY-\$T-ZIP CITY-ST-ZIP LANTANA FL 33462 Addition Delete TITLE ☐ Change TITLE MARK NAME NAME 4 3VA JAINTENEUE W 080 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-7IP BCH FL 33426 BOYNTON ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the corporation or the receiver or trustee empowered to coolean the changed, or on an attachment with an address, with all other like empowered to the changed, or on an attachment with an address, with all other like empowered to the changed of the corporation of the receiver or trustee empowered to the changed of the corporation of the receiver or trustee empowered to the changed of the corporation of the receiver or trustee empowered to the changed of the corporation of the receiver or trustee empowered to the changed of 02-07-01 V.P 738 - 2695 SIGNATURE: NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)