## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P97000013340 Apr 06, 2000 8:00 am Secretary of State 1. Entity Name KNITWORX, INC. 04-06-2000 90050 020 \*\*\*150.00 Mailing Address Principal Place of Business 4721 WHITE TAIL LANE 4721 WHITE TAIL LANE SARASOTA FL 34238 SARASOTA FL 34238-5652 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0742977 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PATTERSON, JOHN Street Address (P.O. Box Number is Not Acceptable) 46 N WASHINGTON BLVD #1 SARASOTA FL 34236 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DP TITLE ☐ Delete TIT! F ☐ Change Addition DAUE, HILDEGARD NAME NAME STREET ADDRESS 4721 WHITE TAIL LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34238 VPT ☐ Addition ☐ Delete TITLE Change TITLE DAUE, THOMAS NAME NAME STREET ADDRESS 4721 WHITE TAIL LN STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34238 TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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 eport 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 truttee 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/2000

(941)922 5833

Daytime Phone #