## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 22, 2001 8:00 am Secretary of State DOCUMENT # **P98000067855** 1. Entity Name KNIGHT BUILDERS, INC. 03-22-2001 90008 027 \*\*\*150.00 Mailing Address Principal Place of Business 7836 PETERSEN POINT ROAD 7836 PETERSEN POINT ROAD UUULTOTE MILTON FL 32583 MILTON FL 32583 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3525984 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KNIGHT, EDWIN J JR. Street Address (P.O. Box Number is Not Acceptable) 7836 PETERSEN POINT ROAD MILTON FL 32583 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change ☐ Delete TITLE TITLE **VPST** NAME KNIGHT, NELDA S STREET ADDRESS STREET ADDRESS 7836 PETERSEN BENT RD CITY-ST-ZIP CITY-ST-ZIP MILTON FL 32583 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE □ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Delete 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 changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

SIGNATURE: SIGNATURE AND TYPE OR PRINTS NAME OF SIGNING OFFICER OR DIRECTOR

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

3/19/01 850-983-0025 Date\* Daytime Phone #

☐ Change

☐ Addition

CR2E034 (10/