

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068514

1. Entity Name

KNOT JUST MARITIME SERVICES, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90300 032 \*\*\*150.00

602269



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2333 KNOLL AVE. N.  
PALM BEACH FL 34683

Palm Harbor

Mailing Address

2333 KNOLL AVE. N.  
PALM BEACH FL 34683-3114

Palm Harbor

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Harbor

City & State

Palm Harbor

4. FEI Number

59-3526590

Applied For  
Not Applicable

Zip  
34683

Country

Zip

34683

Country

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

LEINER, CAROL A  
2333 KNOLL AVE. N.  
PALM BEACH FL 34683

Palm Harbor

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
LEINER, CAROL A  
2333 KNOLL AVENUE  
PALM HARBOR FL 34683 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
LEINER, ARLEN M  
2333 KNOLL AVENUE  
PALM HARBOR FL 34683 ☐ Delete

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

TITLE  
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STREET ADDRESS  
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LEINER, ANGELA L  
2333 KNOLL AVENUE  
PALM HARBOR FL 34683 ☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ 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: Carol A. Leiner / Carol A. Leiner 1-11-00 727-852945  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)