

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 21, 2000 8:00 am
Secretary of State

05-12-2000 90033 025 ***150.00

DOCUMENT # P99000018390

1. Entity Name
KNOWLEDGE NETWORK LABS, INC.

Principal Place of Business

4048 42ND AVE. N.
ST. PETERSBURG FL 33714

Mailing Address

4048 42ND AVE. N.
ST. PETERSBURG FL 33714-4346

2. Principal Place of Business

4048 42nd Ave N.
Suite, Apt. #, etc.

3. Mailing Address

4048 42nd Ave N.
Suite, Apt. #, etc.

City & State
Saint Petersburg, FL

City & State
Saint Petersburg, FL

4. FEI Number

59-3563608

Applied For

Not Applicable

Zip
33714

Country

USA

Zip
33714

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATOWITZ, FRANK
4048 42ND AVE. N.
ST. PETERSBURG FL 33714

7. Name and Address of New Registered Agent

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

Frank Matowitz
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 30, 2000
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Frank Matowitz
4048 42nd Ave N.
Saint Petersburg, FL 33714

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Jacob Myhart
589 Blake Moore Dr.
La Vergne, TN 37086

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Frank Matowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2000 **7275258351**
Date Daytime Phone #

CR2E034 (9/99)