

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2000 8:00 am**  
**Secretary of State**  
 09-05-2000 90045 033 \*\*\*550.00

**DOCUMENT # P99000022291**

1. Entity Name

**KNOEPFLE, INC.**

Principal Place of Business

**2892 CORAL WAY  
 PUNTA GORDA FL 33950**

Mailing Address

**2892 CORAL WAY  
 PUNTA GORDA FL 33950**

2. Principal Place of Business

**4069 TAMiami TRAIL**

Suite, Apt. #, etc.

3. Mailing Address

**5072 KEY LARGO DRIVE**

Suite, Apt. #, etc.

City & State

**PORT CHARLOTTE, FL**

City & State

**PUNTA GORDA, FL**

Zip

**33952**

Country

**USA**

Zip

**33950**

Country

**USA**

4. FEI Number

**65-0896589**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KNOEPFLE, DONALD W  
 2892 CORAL WAY  
 PUNTA GORDA FL 33950**

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

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

**DONALD W. KNOEPFLE VICE PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

DATE

**9/1/00**

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 \$550.00  
 After SEPTEMBER 13, 2000 Min. will be \$750.00  
 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	PD KNOEPFLE, JEAN A 2892 CORAL WAY PUNTA GORDA FL 33950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KNOEPFLE, DONALD W 2892 CORAL WAY PUNTA GORDA FL 33950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KNOEPFLE, ELIZABETH G 2892 CORAL WAY PUNTA GORDA FL 33950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DONALD W. KNOEPFLE**

Date

**9/1/00 941 625-1011**

Daytime Phone #

CR2E034 (5/00)