FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 06, 2001 8:00 am Secretary of State DOCUMENT # P99000022291 1. Entity Name KNOEPFLE, INC. 04-06-2001 90020 042 ***150.00 Principal Place of Business Mailing Address 4069 tamiami trail 5072 KEY LARGO DRIVE PUNTA GORDA FL 33950 PORT CHARLOTTE FL 33952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0896589 Not Applicable Zip Country Zip 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 KNOEPFLE, DONALD W Street Address (P.O. Box Number is Not Acceptable) 5072 KEY LARGO SRWE 2892 CORAL WAY **PUNTA GORDA FL 33950** 8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE 9. This corporation is eligible to satisfy its intangible After MAY 1, 2001 Fee will be \$550.00 FILE NOW!!! FEE IS \$150.00 *10. Election Campaign Financing Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Defete KNOEPFLE, JEAN A NAME 5072 KEY LARGO ARIVE STREET ADDRESS 2892 CORAL WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **PUNTA GORDA FL 33950** ☐ Delete TITLE TITI F KNOEPFLE, DONALD W NAME NAME 5072 KEY LARGO DRIVE STREET ADDRESS 2892 CORAL WAY STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33950 CITY-ST-ZIP TITLE TITLE Delete KNOEPFLE, ELIZABETH G NAME NAME 5072 KEY LARGO DRIVE STREET ADDRESS 2892 CORAL WAY STREET ADDRESS CITY-ST-7IP PUNTA GORDA FL 33950 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TIT) F STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change Addition 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 who an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FICER OR DIRECTOR

Date:

Date