2000 UNIFORM BUSINESS REPORT (UBR)

9/6

FILED
Sep 19, 2000 8:00 am
Secretary of State
09-06-2000 90096 017 ***550.00

DOCUMENT # P99000028664

1. Entity Name
K-N-M EXPRESS, INC.

Principal Place of Business	Mailing Address
2885 CALUMET CIR. JACKSONVILLE FL 32250	2885 CALUMET CIR. JACKSONVILLE FL 32250

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5501 N University Club Blvd	5501 N University Club Blvd
Suite, Apt. #, etc.: 131	Suite, Apt. #, etc.: 131
City & State: Jacksonville FL	City & State: Jacksonville FL
Zip: 32277 Country: Duval	Zip: 32277 Country: Duval

4. FEI Number: 59-3567062 ☐ Applied For ☐ Not Applicable

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
MORONGELL, MICHAEL A II 2885 CALUMET CIR. JACKSONVILLE FL 32250	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] Michael A Morongell II 9-2-2000
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 $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	DPST MORONGELL, MICHAEL A II 2885 CALUMET CIR. JACKSONVILLE FL 32250 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Morongell Michael A. II 5501 N University Club Blvd Apt # 131 Jacksonville FL 32277 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/00)

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] REQUIRED Michael A Morongell II 9-2-00 (904) 759-6680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #