

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000030330****1. Entity Name**
KNOWLES METER SERVICE, INC.**Principal Place of Business**
8590 S.W. 20TH COURT
OCALA FL 34476**Mailing Address**
8590 S.W. 20TH COURT
OCALA FL 34476**FILED**
Sep 10, 2001 8:00 am
Secretary of State06-29-2001 90003 040 ***150.00
09-10-2001 90002 019 ***400.00

012796 AT



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3574938**

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****KNOWLES, CHARLES H**
8590 S.W. 20TH COURT
OCALA FL 34476

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 \$550.00**
After September 12, 2001 Fee 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** **P** ☐ Delete
NAME **KNOWLES, CHARLES H**
STREET ADDRESS **8590 S.W. 20TH COURT**
CITY-ST-ZIP **OCALA FL 34476****TITLE** **V** ☐ Delete
NAME **BOHANAN, TARA A**
STREET ADDRESS **15194 S.W. 37TH TERRACE**
CITY-ST-ZIP **OCALA FL 34476****TITLE** **S** ☐ Delete
NAME **KNOWLES, BARBARA A**
STREET ADDRESS **8590 S.W. 20TH COURT**
CITY-ST-ZIP **OCALA FL 34476****TITLE** **T** ☐ Delete
NAME **BOHANA, DONALD A**
STREET ADDRESS **15194 S.W. 37TH TERRACE**
CITY-ST-ZIP **OCALA FL 34473****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition**NAME**
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition**NAME**
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition**NAME**
STREET ADDRESS
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 with an address, with all other like empowered.****SIGNATURE:****SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/01

352-237-1724

Date

Daytime Phone #

CR2E034 (5/01)