

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90243 001 *2,381.25

DOCUMENT # P99000030459

1. Entity Name

KNOLLS LANDING, INC.

Principal Place of Business

Mailing Address

150 CHALLENGER ROAD
CAPE CANAVERAL FL 32920450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920-4226

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4250 Alafaya Trail

4250 Alafaya Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

212-330

212-330

City & State

City & State

Oviedo, FL

Oviedo, FL

4. FEI Number

59-3567280

Applied For

Not Applicable

Zip

Country

32765-9424

USA

Zip

Country

32765-9424

USA

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

Name

David Skrocki

Street Address (P.O. Box Number is Not Acceptable)

4250 Alafaya Trail

City

Oviedo

FL

Zip Code

32765-9424

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

1/25/00

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | CHANGE | ADDITION |
|-------|------|----------------------|-----------------------------|--------------------------|-------|------|----------------|-------------|--------------------------|--------------------------|
| | D | VERMALES, PEDRO E | 4250 ALAFAYA TRAIL #212-330 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | OVIEDO FL 32765-9424 | | | | | | | | |
| | D | SKROCKI, DAVID A | 4250 ALAFAYA TRAIL #212-330 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | OVIEDO FL 32765-9424 | | | | | | | | |
| | D | FLEMING, RANDALL E | 4250 ALAFAYA TRAIL #212-330 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | OVIEDO FL 32765-9424 | | | | | | | | |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | |

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

Date

Daytime Phone #

1/25/00

CR2E034 (9/99)