

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90022 026 \*\*\*158.75

0076016

**DOCUMENT # P99000043887**

1. Entity Name  
**KNICK KNACK ENTERPRISES, INC.**

Principal Place of Business <b>5620 PADGETT CIRCLE ORLANDO FL 32839</b>	Mailing Address <b>5620 PADGETT CIRCLE ORLANDO FL 32839</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number **59-3575035** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MERRITT, LINDA K  
 5620 PADGETT CIRCLE  
 ORLANDO FL 32839**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ (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 \$150.00**  
**After MAY 1, 2001 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MERRITT, LINDA K</b>	
STREET ADDRESS	<b>5620 PADGETT CIRCLE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32839</b>	
TITLE	<b>Vice President</b>	<input type="checkbox"/> Delete
NAME	<b>Dianna C. Merritt</b>	
STREET ADDRESS	<b>5620 Padgett Circle</b>	
CITY-ST-ZIP	<b>Orlando FL 32839</b>	
TITLE	<b>Secretary-Treasurer</b>	<input type="checkbox"/> Delete
NAME	<b>Karen M. Baker</b>	
STREET ADDRESS	<b>5620 Padgett Circle</b>	
CITY-ST-ZIP	<b>Orlando FL 32839</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Linda Merritt* *Linda Merritt* *April 3, 2001* *407-826-9909*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)