

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90072 028 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000043887

1. Entity Name
KNICK KNACK ENTERPRISES, INC.



10091022

Principal Place of Business
812 CAREN AVENUE
ORLANDO, FL 32804

Mailing Address
812 CAREN AVENUE
ORLANDO, FL 32804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3575035

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERRITT, LINDA K

Merritt, Linda K
812 CAREN AVENUE
Orlando, FL 32804

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of, the registered agent.

SIGNATURE

Linda Merritt

Signature of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when appointing)

DATE

4-25-03

FILE NOW!!! FEE IS \$150.00.
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
MERRITT, LINDA K
812 CAREN AVENUE
Orlando, FL 32804

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MERRITT, DIANNE C.
5620 PADGETT CIRCLE
ORLANDO, FL 32839

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
BAKER, KAREN D.
2500 FOREST CLUB DRIVE
Orlando, FL 32804

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda Merritt
Signature and typed or printed name of signing officer or director

4/25/03 (407)
645-1021
Date Daytime Phone #

CR20034 (10/02)