

**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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MERRITT, LINDA K
Merritt, Linda K
812 Carew 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 said agent.

SIGNATURE: *J Linda Merritt* DATE: **4-25-03**

Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when assisting) DATE

FILE NOW WITH 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President	NAME MERRITT, LINDA K	TITLE	NAME
STREET ADDRESS 812 CAREW AVENUE	CITY-ST-ZIP Orlando, FL 32804	STREET ADDRESS	CITY-ST-ZIP
TITLE VP	NAME MERRITT, DIANNE C.	TITLE	NAME
STREET ADDRESS 5620 PADGETT CIRCLE	CITY-ST-ZIP ORLANDO, FL 32839	STREET ADDRESS	CITY-ST-ZIP
TITLE ST	NAME BAKER, KAREN D.	TITLE	NAME
STREET ADDRESS 2500 FOREST CLUB DRIVE	CITY-ST-ZIP Orlando, FL 32804	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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 607, 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: *J Linda Merritt* DATE: **4/25/03** (407) 645-1021

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2004 (10/02)