

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2002 8:00 am
Secretary of State

07-31-2002 90094 007 ***150.00

DOCUMENT # P99000057168

1. Entity Name

KNIGHT PERSONNEL, INC.

Principal Place of Business

3113 BEACH BLVD.

JACKSONVILLE FL 32207

Mailing Address

3113 BEACH BLVD.

JACKSONVILLE FL 32207

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 **59-3582467**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KNIGHT, LEE

3113 BEACH BLVD.

JACKSONVILLE FL 32207

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 registered agent.

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 13, 2002 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

TITLE **P** ☐ Delete
NAME **KNIGHT, LEE**
STREET ADDRESS **3113 BEACH BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **S** ☐ Delete
NAME **KNIGHT, VIRGINIA**
STREET ADDRESS **3113 BEACH BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **T** ☒ Delete
NAME **WEST, CATHY**
STREET ADDRESS **3113 BEACH BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

7-28-02 904-398-9988

CR2E034 (4/02)

Att. advised

Knight
Personnel

3113 Beach Blvd.
Jacksonville, Fl. 32207

Phone (904) 398-9988
Fax (904) 398-7019
E-mail: lee@knightpersonnel.com

July 26, 2002

Florida Department of State
Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: #P99000057168

Dear Division of Corporations:

Pursuant to a recent conversation with your office, I hereby certify that this is the first notice that has been received by our corporation. I was told that the late fee would be waived this one time, so I am enclosing a check for \$150.00 as instructed.

Thank you for your help in this matter,

Lee Knight

Lee Knight
President