

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000057655**

1. Entity Name

KNOWLEDGEVIEW TECHNOLOGIES, INC.**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90091 035 ***150.00

Principal Place of Business

Mailing Address

902 S. NEWPORT AVENUE
TAMPA FL 33606902 S. NEWPORT AVENUE
TAMPA FL 33606-2937

2. Principal Place of Business

3. Mailing Address

7402 56th Street North7402 56th Street North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 385

Suite 385

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Country

Zip

Country

33617

USA

33617

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3595600

Applied For

Not Applied

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

GRAHAM, ANDREW L
1808 W. HILLS AVENUE
TAMPA FL 33606

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.

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 ☐ Delete
NAME D
STREET ADDRESS GIBSON, KEITH L
CITY-ST-ZIP 902 S. NEWPORT AVENUE
TAMPA FL 33606TITLE ☒ Change ☐ Add
NAME
STREET ADDRESS 7402 56th Street North, Suite 385
CITY-ST-ZIP Tampa, FL 33617TITLE ☐ Delete
NAME D
STREET ADDRESS DOYLE, FREDERICK M
CITY-ST-ZIP 902 S. NEWPORT AVENUE
TAMPA FL 33606TITLE ☒ Change ☐ Add
NAME
STREET ADDRESS 7402 56th Street North, Suite 385
CITY-ST-ZIP Tampa, FL 33617TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #