

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063438

1. Entity Name

KNOWLTON ENTERPRISES, INC.

FILED

Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90390 044 ***158.75

Principal Place of Business

7717 GEORGIA PEACH DR. #18203
WINTER PARK FL 32792
US

Mailing Address

P.O. BOX 999
WINTER PARK FL 32790
US

2. Principal Place of Business

4452 GLENMOOR CT.

3. Mailing Address

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

City & State

4. FEI Number

59-3585091

Applied For

Not Applicable

Zip

Country

32792

USA

Zip

Country

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

KNOWLTON, K. AARON
7717 GEORGIA PEACH DR. #18203
WINTER PARK FL 32792

Name

KNOWLTON, K. AARON

Street Address (P.O. Box Number is Not Acceptable)

4452 GLENMOOR CT

City

WINTER PARK

FL

Zip Code

32792

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/01

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 PD
NAME KNOWLTON, AARON
STREET ADDRESS 7717 GEORGIA PEACH DR. #18203
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

TITLE PD
NAME KNOWLTON, AARON
STREET ADDRESS 4452 GLENMOOR CT.
CITY-ST-ZIP WINTER PARK, FL 32792 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 #

3/14/01

CR2E034 (10/00)