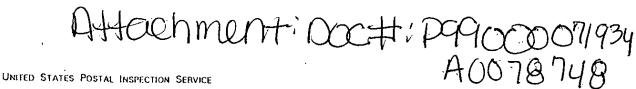
2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

DOCUMENT # P99000071934 Sep 18, 2000 8:00 am Secretary of State 1. Entity Name J.F. KNOTT & ASSOCIATES, INC. 09-18-2000 90016 003 ***150.00 Mailing Address Principal Place of Business 738 DAVIDSON ST. S.E. 738 DAVIDSON ST. S.E. PALM BAY FL 32909 PALM BAY FL 32909 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 57-3595523 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KNOTT, JEFFREY F Street Address (P.O. Box Number is Not Acceptable) 738 DAVIDSON ST. S.E. PALM BAY FL 32909 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD Change ■ Addition TITLE ☐ Delete TITLE KNOTT, JEFFREY F NAME NAME 738 DAVIDSON ST. S.E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32909 Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Delete TITLE Change i TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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

FILED

09-10-00 321-536-5221





FLORIDA DIVISION

March 21, 2000

Subject: Mail needed as Evidence

Dear Postal Customer,

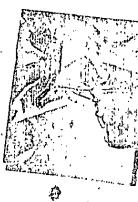
The United States Postal Inspection Service is currently investigating the suspected Destruction or Delay of Mail Matter. The enclosed photocopy represents mail, with your address, recovered incident to our investigation. The mail was found in the woods in Brevard County. This mail is being held as evidence and will promptly be returned to upon completion of the investigation.

Please accept my apology on behalf of the United States Postal Service. We regret any inconvenience or loss you may have sustained. The security of your mail is of utmost importance. Your understanding and cooperation in this matter will be greatly appreciated.

Sincerely,

Jan Warnock-Moore Postal Inspector

ORLANDO OFFICE P.O. BOX 620124 ORLANDO, FL 32862-0124 TELEPHONE: (407) 850-6388 FAX: (407) 826-5632



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(below) over boxes e and f on Form W-3.

AHachment Doctt. P99000071934 TO WHOM IT MAY CONCERN, ADDIS148

I WAS INSTRUCTED TO SEND MY

UBR TO THIS ADDRESS WITH A

CHECK FOR \$150. AS The enclosed

MATERIAL SHOWS I - HAVE HAD SOME

TROUBLE RECIEVING ALL OF MY MAIL.

HANK You,. My Flate