

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071934

1. Entity Name
J.F. KNOTT & ASSOCIATES, INC.



Principal Place of Business
738 DAVIDSON ST. S.E.
PALM BAY FL 32909

Mailing Address
738 DAVIDSON ST. S.E.
PALM BAY FL 32909

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

59-3595523

Applied For

Not Applicable

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

KNOTT, JEFFREY F
738 DAVIDSON ST. S.E.
PALM BAY FL 32909

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	KNOTT, JEFFREY F	
STREET ADDRESS	738 DAVIDSON ST. S.E.	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-10-00

321-536-5221

Date

Daytime Phone #

CR2E034 (5/00)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90016 003 ***150.00



DO NOT WRITE IN THIS SPACE



UNITED STATES POSTAL INSPECTION SERVICE

FLORIDA DIVISION

Attachment: Doc#: P990000071934
A0078748

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

Attachment Doc#

P99000071934
A0078748



Enrollment has never been more affordable.
Introducing our new six month payment plan for RNs.

02006, VA
Permit No. 437

*****ECCRIOT **R-042
738 DAVIDSON ST SE
PALM BAY FL 32909-6639

32303X6639

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

Internal Revenue Service

WADC-9999
Rancho Cordova, CA 95743-9999

Official Business

Penalty for Private Use, \$300

Peel off the name and address portion of the label below (DO NOT INCLUDE THE BAR CODE portion of the label) and place it over boxes e and f on the Form W-3 you file with the Social Security Administration. Make any corrections on the label. If you file additional Forms W-3, fill in your name, address, and employer identification number.

Bulk Rate

Postage and Fees Paid
Internal Revenue Service

Permit No. G-48

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

PS 59-3595523

J F KNOTT & ASSOCIATES INC
738 DAVIDSON ST SE
PALM BAY FL 32909-6639

I R
0105



Publication 2184

Cat. No. 24663V

Attachment Doc# P.9900071934
A0078748

Attachment Doc# P990000071934
TO WHOM IT MAY CONCERN, A0078748

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.

THANK
you..

