## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9900086217 Jul 21, 2000 8:00 am 1. Entity Name **Secretary of State** LINDA SCHROEDER MCKNIGHT, P.A. 07-21-2000 90002 034 \*\*\*150.00 Principal Place of Business Mailing Address 4097-INDIAN-TRAIL 4097 INDIAN TRAIL DESTIN FL 32541 DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3654849 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired tulovsa Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent THE OWEN -OWEN, DAVID A-P.O. Box Number is Not Acceptable Street Address 151-REGIONS WAY SUITE A BLDG 17 DESTIN FL 32541 City 8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) agent and title if applicable 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11\_ TITLE ☐ Delete TITLE Change | ☐ Addition NAME MCKNIGHT, LINDA S NAME STREET ADDRESS STREET ADDRESS 4097 INDIAN TRAIL CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 ☐ Addition Delete TITI F ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change Addition ☐ Delete TITLE NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITI F Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME TREET ADDRESS STREET ADDRESS Y-ST-7IP CITY-ST-ZIP

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.

7/12/0

(800)639-4719 Daytime Phone #

HHACHMENT DHP99UU84217 DW11216

## David A. Owen, CPA Tax and Financial Planning 1221 Airport Road, Suite 208 Destin, FL 32541

David A. Owen, CPA

Telephone: (850)837-0988 Facsimile: (850)837-3317

July 12, 2000

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Florida 32302-1500

RE: Linda Schroeder McKnight, P.A.; Year 2000 Annual Report

Dear Sir or Madam:

This firm represents Linda Schroeder McKnight, P.A., which has referred the 2000 Annual Report to us for completion and for a request to waive the penalty filing amount of \$550 for reasonable cause.

Please note on the Annual Report that the mailing address of the corporation changed from the address as shown on the Articles of Incorporation; therefore, the corporation did not receive its first notice of its Annual Report being due. They only recently received the second notice indicating that the penalty amount of \$550 was now due. We therefore respectfully request that you waive the \$550 penalty amount and accept the enclosed check of \$150 as the corporation's year 2000 filing fee for its Annual Report.

Thank you for your assistance in this matter.

Very truly yours,

Ďavid A. Owen, CPA

cc: Ms. Linda S. McKnight, President