

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90322 044 ***150.00

DOCUMENT # **P99000087352**

1. Entity Name **Earl E. Knabb, Inc.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

115 S. 5th St.

Suite, Apt. #, etc.

3. Mailing Address

115 S. 5th St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Macclenny, FL

City & State

Macclenny, FL

4. FEI Number

59-3601056

Applied For

Not Applicable

Zip

32063

Country

U.S.A.

Zip

32063

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Frank Yong

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

701 Riverside Park Place Suite 110

City

Jacksonville, FL

Zip Code

32204

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	P/D
NAME	Earl Knabb, Jr.
STREET ADDRESS	115 South 5th St.
CITY-ST-ZIP	Macclenny, FL 32063
TITLE	VP/D
NAME	Ann K. Johnson
STREET ADDRESS	115 South 5th St.
CITY-ST-ZIP	Macclenny, FL 32063
TITLE	S/T/D
NAME	Cheryl Y. Aschenbrenner
STREET ADDRESS	115 South 5th St.
CITY-ST-ZIP	Macclenny, FL 32063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Cheryl Y. Aschenbrenner
Cheryl Y. Aschenbrenner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02 (904) 355-1235

Date

Daytime Phone #

CR2E034B (12/01)