2000 UNIFORM BUSINESS REPORT (UBR)

\mathtt{FILED} Aug 29, 2000 8:00 am Secretary of State DOCUMENT # **P99000095103** 1. Entity Name PURPLE KNIGHT CONSULTING, INC. 08-29-2000 90003 046 ***150.00 Principal Place of Business Mailing Address 8751 W. BROWARD BLVD. 8751 W. BROWARD BLVD. SUITE 303 SUITE 303 լլսսս⊶սսս PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOODE, LOWELL M Street Address (P.O. Box Number is Not Acceptable) 8751 W. BROWARD BLVD. SUITE 303 PLANTATION FL 33324 Zip Code FL 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) 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 11. 12. ☐ Delete ☐ Addition TITLE TITLE NAME NAME GOODE, LOWELL M STREET ADDRESS STREET ADDRESS 8751 W. BROWARD BLVD. SUITE 303 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 Delete ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS City-S7-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET AODRESS 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 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 of 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 in Changed or on an attachment with an address, with all other like expowered.



Attachmient Doc# P9900095103 D0072079

August 22, 2000

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Purple Knight Consulting, Inc.

ID No. 65-0968299

Gentlemen:

Enclosed please find a refiled 2000 Uniform Business Report. Please be advised that the original of this report was filed during March 2000, accompanied by a check in the amount of \$150.00. That check as yet has not cleared my bank and I am replacing it, together with your second request for the business report.

Hopefully this information will be sufficient for you to update your records, but if it is not, please do not hesitate to contact me.

Very truly yours,

Lowell M. Goode, CPA

LMG/dcc