

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106671

1. Entity Name  
**GLENN KNOX PROFESSIONAL SERVICE CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 25 PM 1:31

Principal Place of Business  
9009 WESTERN LAKE DRIVE  
APARTMENT 303  
JACKSONVILLE FL 32256

Mailing Address  
9009 WESTERN LAKE DRIVE  
APARTMENT 303  
JACKSONVILLE FL 32256



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3663 CROWN POINT COURT**

3. Mailing Address  
**3663 CROWN POINT COURT**

Suite, Apt. #, etc.  
**JACKSONVILLE**

Suite, Apt. #, etc.  
**JACKSONVILLE**

City & State  
**FLORIDA**

City & State  
**FLORIDA**

4. FEI Number  
**59-361-4971**

Applied For  
Not Applicable

Zip  
**32257**

Country  
**USA**

Zip  
**32257**

Country  
**USA**

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

**KNOX, GLENN** *misspelled*  
9009 WESTERN LAKE DRIVE  
APARTMENT 303  
JACKSONVILLE FL 32256

Name  
**GLENN KNOX**  
Street Address (P.O. Box Number is Not Acceptable)  
**3663 CROWN POINT COURT**  
City  
**JACKSONVILLE FL 32257**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**KNOX, GLENN**  
**9009 WESTERN LAKE DRIVE, APT. 303**  
**JACKSONVILLE FL 32256**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DR**  
**KNOX, GLENN**  
**3663 CROWN POINT COURT**  
**JACKSONVILLE FLORIDA 32257**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MS**  
**ALISA KNOX**  
**3663 CROWN POINT COURT**  
**JACKSONVILLE FLORIDA 32257**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**600003414346-5**  
**10/05/00-01020-005**  
**\*\*\*\*550.00 \*\*\*\*550.00**

TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AD**

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/12/00** Daytime Phone # **292-9054**

CR21E034 (5/00)