

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000108420**

1. Entity Name

**OPPORTUNITY KNOCKS, INC.**

Principal Place of Business

6274 LINTON BLVD.  
SUITE 104  
DELRAY BEACH FL 33484

Mailing Address

6274 LINTON BLVD.  
SUITE 104  
DELRAY BEACH FL 33484

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**6. Name and Address of Current Registered Agent**CARRY, PEGGY L  
1515 N. FEDERAL HWY  
STE 300  
BOCA RATON FL 33432**7. Name and Address of New Registered Agent**

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	LTVACK, KENNETH E	75 NE 6TH AVE, SUITE 110 DELRAY BACH FL 33483	<input type="checkbox"/>
	S D	LTVACK, BERTHA C	75 NE 6TH AVE, SUITE 110 DELRAY BACH FL 33483	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6274 Linton Blvd. #104	Delray Beach, FL. 33484	<input checked="" type="checkbox"/>
		6274 Linton Blvd. #104	Delray Beach, FL. 33484	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90009 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CP2E034 (10/00)