

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **S62909**

1. Entity Name
JAMES D. KNOWLES, INC.



Principal Place of Business
**700 E. ATLANTIC BLVD.
102
POMPANO BEACH FL 33060
US**

Mailing Address
**700 E ATLANTIC BLVD
SUITE 102
POMPANO BEACH FL 33060
US**

2. Principal Place of Business **3. Mailing Address**

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

City & State **City & State**

Zip **Country** **Zip** **Country**

6. Name and Address of Current Registered Agent.

**KNOWLES, JAMES D.
96 S.W. 114TH TERRACE
CORAL SPRINGS FL 33071**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-5-03

**FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

**9. Election Campaign Financing
Trust Fund Contribution.**

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PST**
NAME **KNOWLES, JAMES D.**
STREET ADDRESS **96 SW 114TH TERRACE**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE **D**
NAME **KNOWLES, JAMES D.**
STREET ADDRESS **96 SW 114TH TERRACE**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIG *RE* *ME* *ED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-03 A54-443-0705

Daytime Phone #

**FILED
Mar 10, 2003 8:00 am
Secretary of State**

03-10-2003 90131 017 ***150.00



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0275423** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

CR2E034 (10/02)