

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V40660

1. Entity Name

DAVID JOSEPH KNOX, INC.

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90047 040 \*\*\*150.00

Principal Place of Business

5200 NW 43 ST.  
STE 102  
GAINESVILLE FL 32606  
US

Mailing Address

5200 NW 43 STREET  
STE 102  
GAINESVILLE FL 32606  
US

2. Principal Place of Business

3. Mailing Address  
9720 NW 27<sup>TH</sup> PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
GAINESVILLE FL

Zip

Country

Zip

Country

32606

US

4. FEI Number 65-0338556

Applied For

Not Applicable

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, DAVID JOSEPH  
5200 NW 43RD STREET  
STE 102  
GAINESVILLE FL 32606

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME KNOX, DAVID JOSEPH  
STREET ADDRESS 5200 NW 43RD ST., STE 102  
CITY-ST-ZIP GAINESVILLE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP  
NAME KNOX, AILEEN  
STREET ADDRESS 5200 NW 43RD ST., STE 102  
CITY-ST-ZIP GAINESVILLE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: *David J. Knox* PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06 FEB 2001

Date

352-377-6840

Daytime Phone #

CR2E034 (10/00)