2002 UNIFORM BUSINESS REPORT (UBR)

May 14, 2002 8:00 am & Secretary of State DOCUMENT # J40561 1. Entity Name BUD JOHNSON AND ASSOCIATES, INC. 05-14-2002 90309 012 ***150.00 Mailing Address Principal Place of Business 167 NE 167TH STREET 167 NE 167TH STREET SUITE B SUITE B NORTH MIAM! BEACH FL 33162-3404 NORTH MIAMI BEACH FL 33162-3404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2755952 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.≅Name and Address of Current Registered Agent ≔ -7.-Name and Address of New Registered Agent-JOHNSON, HAROLD T. Street Address (P.O. Box Number is Not Acceptable) 167 NE 167TH STREET SUITE B NORTH MIAMI BEACH FL 33162 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible ≈10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change ☐ Addition ☐ Delete JOHNSON, HAROLD T. NAME NAME STREET ADDRESS 4941 S.W. 120 AVE. STREET ADDRESS COOPER CITY FL 33330 CITY-ST-ZIP CITY-ST-ZIP TSD ☐ Addition ☐ Delete TITLE ☐ Change NAME JOHNSON, ELAINE B. NAME STREET ADDRESS 4941 S.W. 120 AVE. STREET ADDRESS CITY-ST-ZIP COOPER CITY FL 33330 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition 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 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.