

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90121 034 \*\*\*150.00

**DOCUMENT # P94000051413**

1. Entity Name  
**KNOLYS JOHNSON, INC.**

Principal Place of Business <b>3000 HIGH RIDGE RD          BAY #16          BOYNTON BEACH FL 33426          US</b>	Mailing Address <b>701 N.E. 7TH AVE.          BOYNTON BEACH FL 33435-3908          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>65-0511166</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
City & State	City & State	Zip	Country	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>		
<b>JOHNSON, KNOLYS          701 NE 7TH AVENUE          BOYNTON BEACH FL 33435</b>	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	City	<b>FL</b>	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 \_\_\_\_\_ (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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JOHNSON, KNOLYS</b> <b>3000 HIGH RIDGE RD #16</b> <b>BOYNTON BEACH FL 33426</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>JOHNSON, VICTORIA</b> <b>701 N.E. 7 AVE.</b> <b>BOYNTON BEACH FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>JOHNSON, VICTORIA</b> <b>701 NE 7TH AVENUE</b> <b>BOYNTON BEACH FL 33435</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>JOHNSON, DELROY</b> <b>701 N.E. T AVE.</b> <b>BOYNTON BEACH FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Knolys Johnson Date: 4/27/00

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)