

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000051413

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

amended



DO NOT WRITE IN THIS SPACE

1. Entity Name

KNOLYS JOHNSON, INC.

R

Principal Place of Business

3000 HIGH RIDGE RD
BAY #16
BOYNTON BEACH FL 33426
US

Mailing Address

701 N.E. 7TH AVE
BOYNTON BEACH FL 33435-3908
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3000 High Ridge Rd #16
Suite, Apt. #, etc.
#16

City & State

Boynton Beach, FL

Zip

33426

Country

4. FEI Number

65-0511166

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, KNOLYS
701 NE 7TH AVENUE
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name *Same*

Street Address (P.O. Box Number is Not Acceptable)

639 NE 8th Ave

City

Boynton Beach

FL

Zip Code

33435

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

Knolys Johnson

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, 2000 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	<input type="checkbox"/> Delete
NAME	JOHNSON, KNOLYS	
STREET ADDRESS	3000 HIGH RIDGE RD #16	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, VICTORIA	
STREET ADDRESS	701 N.E. 7 AVE.	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, VICTORIA	
STREET ADDRESS	701 NE 7TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOHNSON, DELROY	
STREET ADDRESS	701 N.E. T AVE.	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>ice president</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnson, Knolys	
STREET ADDRESS	3000 High Ridge Rd #16	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	Secy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S. Johnson, Knolys	
STREET ADDRESS	701 NE 7th Ave	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR