

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90060 006 \*\*\*150.00

0504743

**DOCUMENT # M45810**

1. Entity Name  
**J F J, INC.**

Principal Place of Business

**261 NW 49 AVENUE  
PLANTATION FL 33317  
US**

Mailing Address

**% JAMES F. JOHNSON  
POST OFFICE BOX 16355  
PLANTATION FL 33318**

2. Principal Place of Business

**9491 EVERGREEN PLACE**

3. Mailing Address

Suite, Apt. #, etc.  
**#102**

Suite, Apt. #, etc.

City & State  
**DAVIE FL**

City & State

Zip  
**33324**

Country  
**BROWARD**

Zip

Country

4. FEI Number **59-2803323**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, JAMES F.  
261 N.W. 49TH AVE.  
PLANTATION FL 33317**

7. Name and Address of New Registered Agent

Name  
**JOHNSON, JAMES F**  
Street Address (P.O. Box Number is Not Acceptable)  
**9491 EVERGREEN PLACE**  
**#102**  
City **DAVIE** **FL** Zip Code **33324**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHNSON, JAMES F.</b> <b>261 N.W. 49TH AVE.</b> <b>PLANTATION FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHNSON, C. ANN</b> <b>261 N.W. 49TH AVE.</b> <b>PLANTATION FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHNSON, JAMES F</b> <b>9491 EVERGREEN PLACE</b> <b>DAVIE FL 33324</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHNSON, C. ANN</b> <b>9491 EVERGREEN PLACE</b> <b>DAVIE FL 33324</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

**JAMES F. JOHNSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/16/01**  
Date

**305-754-6241**  
Daytime Phone #

CR2E034 (10/00)