

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91557 022 ***158.75

DOCUMENT # P00000040194

1. Entity Name
JUST US, INC.

Principal Place of Business
5501 MADISON ST., STE. A
HOLLYWOOD FL 33021

Mailing Address
5501 MADISON ST., STE. A
HOLLYWOOD FL 33021



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5501 Madison St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hollywood

City & State

4. FEI Number
65-1099243

Applied For
 Not Applicable

Zip
33021

Country
USA

Zip

Country

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

WILLIAMS, J.V.
5501 MADISON ST., STE. A
HOLLYWOOD FL 33021

Name
J. V. Brooks

Street Address (P.O. Box Number is Not Acceptable)
5501 Madison St. Ste. A

City **Hollywood** **FL** Zip Code **33021**

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 **Jaqueline V. Brooks**

4/03/02

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, 2002 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** ☒ Delete
 NAME **WILLIAMS, JACQUELINE**
 STREET ADDRESS **5501 MADISON ST**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **P** ☒ Change ☐ Addition
 NAME **Brooks, Jacqueline**
 STREET ADDRESS **5501 Madison St**
 CITY-ST-ZIP **Hollywood, Fl. 33021**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 NAME
 STREET ADDRESS
 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.

SIGNATURE: **Jaqueline V. Brooks**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/02/02

Date

Daytime Phone #

CR2E034 (9/01)