

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**  
 02-21-2002 90093 041 \*\*\*150.00

LS95315 AV

**DOCUMENT # P00000056990**  
 1. Entity Name  
**JOHNSON ENTERPRISES OF WEST PALM BEACH, INC.**

Principal Place of Business Mailing Address  
**4047 OKEECHOBEE BLVD. #124** **4047 OKEECHOBEE BLVD. #124**  
**W PALM BEACH FL 33409** **W PALM BEACH FL 33409**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**815 S.E. 19th Ave #104** **same**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Deerfield Beach FL**  
 Zip Country Zip Country  
**33441 BROWARD**

4. FEI Number **65-1019765** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**JOHNSON, HENRY A**  
**4047 OKEECHOBEE BLVD, #124**  
**W PALM BEACH FL 33409**

7. Name and Address of New Registered Agent  
 Name **same**  
 Street Address (P.O. Box Number is Not Acceptable)  
**815 S.E. 19th Ave #104**  
 City **Deerfield Beach** FL Zip Code **33441**

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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

11. OFFICERS AND DIRECTORS  

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, HENRY A</b>	
STREET ADDRESS	<b>4047 OKEECHOBEE BLVD, #124</b>	<b>same</b>
CITY-ST-ZIP	<b>W PALM BEACH FL 33409</b>	<b>as above</b>
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, ANTHYNEE A</b>	
STREET ADDRESS	<b>4047 OKEECHOBEE BLVD, #124</b>	<b>same</b>
CITY-ST-ZIP	<b>W PALM BEACH FL 33409</b>	<b>as above</b>
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES  

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		
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		

*Sign & date check \$150.00*

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: *Henry A Johnson* **2/1/02** **702-384-136**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)