

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 29, 2002 8:00 am**  
**Secretary of State**

07-29-2002 90001 047 \*\*\*158.75

**DOCUMENT # P01000102739**

1. Entity Name

**BROKEN VESSELS, INC.**

Principal Place of Business

**16 FORT CLINCH HEIGHTS ROAD  
FROST PROOF FL 33843**

Mailing Address

**16 FORT CLINCH HEIGHTS ROAD  
FROST PROOF FL 33843**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

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

**WEIDNER, DONALD W**

**11265 ALUMNI WAY**

**SUITE 201**

**JACKSONVILLE FL 32246**

Name

**Michael M. Johnson**

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

**16 Fort Clinch Heights Road**

City

**Frostproof**

FL

Zip Code

**33843**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Michael M. Johnson*

**Michael M. Johnson**

**7-22-02**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D**  
**JOHNSON, CHRIS**  
**16 FORT CLINCH HEIGHTS ROAD**  
**FROST PROOF FL 33843**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Chris Johnson**

Date

**7/22/02 (863) 635-4627**

Daytime Phone #

CR2E034 (4/02)

June 22, 2002

Atchment

# P010000102739

To Whom It May Concern:

This is the first notice I have received for this 2002 Uniform Business Report. My attorney Donald W. Weidner was handling this for me; unfortunately he was killed in an airplane crash just outside of Jacksonville. I am enclosing a check for \$158.75, Certificate for \$8.75 and Filing fee of \$150.00.

Thank you,

Chris Johnson