

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000034202

1. Entity Name

ATTITUDE ADJUSTMENT INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90055 030 ***150.00

Principal Place of Business

C/O KATHRYN JOHNSON
230 SUNRISE DR. 7
KEY BISCAYNE FL 33149

Mailing Address

C/O KATHRYN JOHNSON
230 SUNRISE DR. 7
KEY BISCAYNE FL 33149-2153



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0471097

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

JOHNSON, KATHRYN B
230 SUNRISE DR. 7
KEY BISCAYNE FL 33149

Name

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

City

FL

Zip Code

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, 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	D	<input type="checkbox"/> Delete
NAME	JOHNSON, KATHRYN B	
STREET ADDRESS	230 SUNRISE DR. 7	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	NOBEL, PATRICIA	
STREET ADDRESS	16226 ERIE PLACE	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	NOBEL, DAVID	
STREET ADDRESS	16226 ERIE PLACE	
CITY-ST-ZIP	DAVIE FL 33331	
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		

TITLE	D, T KATHRYN B JOHNSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	230 Sunrise Dr. 7	
STREET ADDRESS	Key Biscayne, FL 33149	
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Henry Keel	
STREET ADDRESS	5102 S.W. 72nd Ave	
CITY-ST-ZIP	Miami, FL 33155	
TITLE	S Steve Alaimo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	13385 W. Dixie Highway	
STREET ADDRESS	N. MIAMI, FL 33161	
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		

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: Kathryn B. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lex 6, 2000 305-361-9858
Date Daytime Phone #

CR2E034 (9/99)