

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # *P99000000905*

1. Entity Name

WACKY SALES AND SERVICE, INC.

Principal Place of Business

Mailing Address

*1300 STIRLING RD.-5
DANIA, FLORIDA
33004*

2. Principal Place of Business

anywhere

3. Mailing Address

1300 STIRLING RD.-5

Suite, Apt. #, etc.

5

Suite, Apt. #, etc.

5

City & State

DANIA, FLORIDA

City & State

DANIA, FLORIDA

4. FEI Number

65-0722484

Applied For

Not Applicable

Zip

33004

Country

BROWARD

Zip

33004

Country

BROWARD

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

*Charles H. Johnson Jr.
6455 Bay Club Dr.-4
Fort Lauderdale, Florida
33308*

7. Name and Address of New Registered Agent

Name *CHARLES H. JOHNSON JR.*

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

6455 BAY CLUB DR.-4

City

FORT LAUDERDALE

FL

Zip Code

33308

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

Charles H. Johnson Jr.

PRES.

5-4-2000

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 \$650.00
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 ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP *above only*TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Charles H. Johnson Jr.**5-4-2000*

Date

954-971-7541

Daytime Phone

CR2034 (9/99)