

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90433 040 ***150.00

0326018 AV

DOCUMENT # P97000091670 ✓

1. Entity Name
 JOHNNY JAMES, INC.

Principal Place of Business **Mailing Address**

7415 NW 44TH ST #1412 7415 NW 44TH ST #1412
 FT. LAUDERDALE FL 33319 FT. LAUDERDALE FL 33319

2. Principal Place of Business **3. Mailing Address**

7415 NW 44th St 7415 NW 44th St
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 1412 Apt 1412
 City & State City & State
 LAuderhill, FL LAuderhill, FL
 Zip Zip Country Country
 33319 33319 Broward Broward



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JAMES, JOHNNY
 7415 NW 44TH ST #1412
 LAUDERHILL FL 33379

4. FEI Number 65-0795852 **Applied For**
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) ☐ **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 NAME STREET ADDRESS CITY-ST-ZIP	DP JAMES, JOHNNY 7415 NW 44TH ST #1412 FT. LAUDERDALE FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Johnny James 4/25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Attachment
#P97000091670

DOCUMENT #

1. Entity Name

Johnny James Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7415 NW 44th St

3. Mailing Address

7415 NW 44th St

Suite, Apt. #, etc.

1412

Suite, Apt. #, etc.

1412

City & State

Lauderhill, FL

City & State

Lauderhill, FL

Zip

33319

Country

Broward

Zip

33319

Country

Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number

65795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Johnny S. James

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

7415 NW 44th St #1412

City

Lauderhill

FL

Zip Code

33319

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

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SIGNATURE:

Johnny S. James

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/02

Daytime Phone #

CR2E034B (12/01)