

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90293 016 \*\*\*150.00

**DOCUMENT # P99000000661**

**1. Entity Name**  
**MAX JOHNSON, INC.**

**Principal Place of Business**

**5844 NW 122ND WAY**  
**CORAL SPRINGS FL 33076**

**Mailing Address**

**5844 NW 122ND WAY**  
**CORAL SPRINGS FL 33076**

**2. Principal Place of Business**

**5972 CORAL RIDGE DR**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**5972 CORAL RIDGE DR**  
 Suite, Apt. #, etc.

**City & State**

**CORAL SPRINGS, FL**

**City & State**

**CORAL SPRINGS, FL**

**Zip**

**33076**

**Country**

**USA**

**Zip**

**33076**

**Country**

**USA**

**4. FEI Number**

**65-0880972**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**JOHNSON, SHERRY A**  
**5844 NW 122ND WAY**  
**CORAL SPRINGS FL 33076**

**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)*

**SHERRY JOHNSON**

**4/17/02**

(NOTE: Registered Agent signature required when reinstating)

**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, 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**

**TITLE** **PD** ☐ Delete  
**NAME** **JOHNSON, SHERRY A**  
**STREET ADDRESS** **5844 NW 122ND WAY**  
**CITY-ST-ZIP** **CORAL SPRINGS FL 33076**

**TITLE** **VPD** ☐ Delete  
**NAME** **JOHNSON, CHARLES L**  
**STREET ADDRESS** **5844 NW 122ND WAY**  
**CITY-ST-ZIP** **COCONUT CREEK FL 33073**

**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**

**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:**

**SHERRY JOHNSON**

**4/17/02**

**954 344-2440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)