

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007045

1. Entity Name

JOHNSPEED INCORPORATED

Principal Place of Business

9865 LIBERTY COURT
BOCA RATON FL 33434

Mailing Address

9865 LIBERTY COURT
BOCA RATON FL 33434-2670

2. Principal Place of Business

9865 LIBERTY CT

Suite, Apt. #, etc.

3. Mailing Address

9865 LIBERTY CT

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33434

Country

U.S.A.

City & State

BOCA RATON FL

Zip

33434

Country

U.S.A.

4. FEI Number

65-0927202

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EEKHOUT, JOHNNY
9865 LIBERTY COURT
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name

CHRISTOFFEL ECKHOUT

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

9865 LIBERTY CT

City

BOCA RATON

FL

Zip Code

33434

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.

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\$5.00 may be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT + TREASURER
NAME CHRISTOFFEL ECKHOUT
STREET ADDRESS 9865 LIBERTY CT
CITY-STATE-ZIP BOCA RATON FL 33434

☐ Delete

TITLE SECRETARY
NAME JOHNNY ECKHOUT
STREET ADDRESS 5131 W OAKLAND PARK BLVD
CITY-STATE-ZIP FT LAUDERDALE, FL 33313

☐ Delete

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90022 029 ***150.00



DO NOT WRITE IN THIS SPACE