

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90106 037 ***150.00

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DOCUMENT # P99000038617

1. Entity Name
J. KNOX ENTERPRISES, INC.



Principal Place of Business
**1725 S FEDERAL HIGHWAY B9
DELRAY BEACH FL 33483**

Mailing Address
**1725 SOUTH FEDERAL HWY
B-9
DELRAY BEACH FL 33483
US**

2. Principal Place of Business

NONE

3. Mailing Address

**1180 South Ocean Blvd
Suite, Apt. #, etc.
17-F**

City & State

BOCA RATON, FL

4. FEI Number **65-0916307**

Applied For
Not Applicable

Zip

Country

Zip

Country

33432

PALM BEACH

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

**GEROW, JEFFREY S ESQ.
4800 N. FEDERAL HWY STE.307B
BOCA RATON FL 33431**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BRACKETT, JOHN K	
STREET ADDRESS	950 DESOTO ROAD 3-C	
CITY-ST-ZIP	BOCA RATON FL 33483	
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

John K Brackett President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)