

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

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**

CHECK HERE IF MAKING CHANGES

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P BRACKETT, JOHN K	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	950 DESOTO ROAD 3-C	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33483	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY-ST-ZIP		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 all 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)