

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S42780

1. Entity Name

JOHNNIE & MACK AUTO BODY, INC.

Principal Place of Business

619 N ANDREWS AVE.
FT. LAUDERDALE FL 33311

Mailing Address

619 N ANDREWS AVE.
FT. LAUDERDALE FL 33311-7435

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SWANSON, JEANETTE MARIE
619 N ANDREWS AVE.
FT. LAUDERDALE FL 33311

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

J. Swanson-Lindsay

President

4-27-00

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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SWANSON, JEANETTE MARIE | |
| STREET ADDRESS | 619 N ANDREWS AVE. | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|--|
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Brian Eugene Lindsley | |
| STREET ADDRESS | 2235 N.W. 63 Avenue | |
| CITY-ST-ZIP | Margate, Fla 33063 | |
| TITLE | Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Reid Swanson | |
| STREET ADDRESS | 2235 N.W. 63 Avenue | |
| CITY-ST-ZIP | Margate, Fla 33063 | |
| TITLE | President | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Jeannette Marie Swanson-Lindsay (LINDSLEY) | |
| STREET ADDRESS | 2235 N.W. 63 Avenue | |
| CITY-ST-ZIP | Margate, Fla 33063 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

J. Swanson-Lindsay

Date

4-27-00

Daytime Phone #

954-761-9991

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90058 027 ***158.75



DO NOT WRITE IN THIS SPACE