2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$63669

1. Entity Name

BOB JOHNSON ENTERPRISES, INC.

Principal Place of Business 3401 N.E. 10TH STREET, #1

Mailing Address

P.O. BOX 50232 LIGHTHOUSE POINT FL 33074 POMPANO BEACH FL 33062 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0268160 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOHNSON, ROBERT R Street Address (P.O. Box Number is Not Acceptable) 3401 N.E. 10TH STREET, #1 POMPANO BEACH FL 33062 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLÈ TITLE JOHNSON, ROBERT R NAME NAME STREET ADDRESS STREET ADDRESS 3401 N.E. 10TH STREET, #1 CITY-ST-ZIP POMPANO BEACH FL 33062 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - F-1-Change - - Addition . Delete TITLE --TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ■ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filling 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 suppliemental 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 recover 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TY ED OR PRINTED NAME OF

Apr 02, 2001 8:00 am Secretary of State

04-02-2001 90063 002 ***158.75