2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State
03-09-2001 90491 035 ***158.75

DOCUMENT # J11296

1. Entity Name
ST. JOHNS ENGINEERING, INC.

Principal Place of Business	Mailing Address
11250 ALUMNI WAY JACKSONVILLE FL 32246 US	11250 ALUMNI WAY JACKSONVILLE FL 32246 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10625 QUAIL RIDGE DR.	10625 QUAIL RIDGE DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST AUGUSTINE FLORIDA	City & State: ST. AUGUSTINE FLORIDA
Zip: 32095 Country: ST JOHNS	Zip: 32095 Country: ST. JOHNS

4. FEI Number 59-2688768 ☐ Applied For ☐ Not Applicable

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
TULLY, WILLIAM E., III 11250 ALUMNI WAY JACKSONVILLE FL 32246	Name: TULLY, WILLIAM E. III Street Address (P.O. Box Number is Not Acceptable): 10625 QUAIL RIDGE DR. City: ST AUGUSTINE FL Zip Code: 32095

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 _____ 3-2-01
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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TULLY, WILLIAM E., JR. 2722 SUNNYBROOK ROAD JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TULLY, WILLIAM E. JR. 2722 SUNNYBROOK RD. JACKSONVILLE FL 32216	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TULLY, WILLIAM E. III 985 SHIPWATCH DR JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TULLY, WILLIAM E III 10625 QUAIL RIDGE DR ST AUGUSTINE FL 32095	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST TULLY, DONNA LYNN 985 SHIPWATCH DRIVE JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST TULLY, DONNA LYNN 10625 QUAIL RIDGE DR ST AUGUSTINE, FL 32095	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: _____ 3-2-01 1-904-827-9578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #