


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90325 029 \*\*\*\*50.00

DOCUMENT # L02000002096

1. Entity Name  
JOHNSTON UTILITY CONSTRUCTION, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 3448 CRYSTAL SPRINGS RD.		3. Mailing Address 3448 CRYSTAL SPRINGS RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ZEPHYRHILLS, FL		City & State ZEPHYRHILLS, FL	
Zip 33540	Country PASCO	Zip 33540	Country PASCO

DO NOT WRITE IN THIS SPACE

4. FEI Number 27-0000027		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
7. Name and Address of Current Registered Agent		
Name ERIC WEST		
Street Address (P.O. Box Number is Not Acceptable) 10012 COUNTRY CARRIAGE CIRCLE		
City RIVERVIEW		FL Zip Code 33569

**DO NOT WRITE  
IN THIS SPACE**

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.

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAROL JOHNSTON 2904 STEARNS RD. VALIRO, FL 33594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMY S. JOHNSTON 2904 STEARNS RD. VALIRO, FL 33594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Karol S. Johnston, Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_