

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90720 015 ***150.00

0025871 AV

DOCUMENT # 191245

1. Entity Name
JACK JOHNSON & CO.

Principal Place of Business
1308 UNIVERSITY BLVD.
JACKSONVILLE FL 32211
US

Mailing Address
1308 UNIVERSITY BLVD.
JACKSONVILLE FL 32211
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
INACTIVE, 3042 CESERY BLVD

3. Mailing Address
NEW ADDRESS / CESERY BLVD 3042

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number **59-0777710**

Applied For
 Not Applicable

Zip
32211

Country
DUVAL

Zip
32277

Country
DUVAL

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JOHNSON, W L
1308 UNIVERSITY BLVD. N.
JACKSONVILLE FL 32211

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 *W. L. Johnson, President*
 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, 2002 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
 NAME **PD JOHNSON, W.L.** ☐ Delete
 STREET ADDRESS **3042 CESERY BLVD.**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE
 NAME **SD JOHNSON, JERALDINE** ☐ Delete
 STREET ADDRESS **3042 CESERY BLVD.**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP **NEW**

TITLE
 NAME **SD MILDRED DEESE** ☐ Change ☐ Addition
 STREET ADDRESS **1545 SOMMERFIELD RD**
 CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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 *W. L. Johnson, President*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-02 (904) 399-5022
 Date Daytime Phone #

CR2E034 (9/01)