

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90165 042 \*\*\*158.75

**DOCUMENT # 493392**

1. Entity Name  
**JOHNSON, BLAKELY, POPE, BOKOR, RUPPEL & BURNS, P  
 A.**

|  |  |
|--|--|
| Principal Place of Business<br><b>911 CHESTNUT ST.<br/>         P.O. BOX 1368<br/>         CLEARWATER FL 33756</b> | Mailing Address<br><b>911 CHESTNUT ST.<br/>         P.O. BOX 1368<br/>         CLEARWATER FL 33756</b> |
|--|--|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|  |  |
|--|--|
| 4. FEI Number<br><b>59-1640245</b>                                   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent  
**HAGUE, CAROL A  
 911 CHESTNUT STREET  
 CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

|  |           |          |
|--|-----------|----------|
| Name   |           |          |
| Street Address (P.O. Box Number is Not Acceptable) |           |          |
| City   | <b>FL</b> | 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 \_\_\_\_\_  
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) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|---|---|---|------------------------------------|

11. OFFICERS AND DIRECTORS

|  |                                 |
|--|---------------------------------|
| TITLE NAME<br><b>VP<br/>BURNS, GUY M</b>                             | <input type="checkbox"/> Delete |
| STREET ADDRESS<br><b>911 CHESTNUT STREET<br/>CLEARWATER FL</b>       |                                 |
| TITLE NAME<br><b>P<br/>HALE, MARION</b>                              | <input type="checkbox"/> Delete |
| STREET ADDRESS<br><b>911 CHESTNUT STREET<br/>CLEARWATER FL 33756</b> |                                 |
| TITLE NAME<br><b>S<br/>LARSON, ROGER A</b>                           | <input type="checkbox"/> Delete |
| STREET ADDRESS<br><b>911 CHESTNUT STREET<br/>CLEARWATER FL 33756</b> |                                 |
| TITLE NAME<br><b>VP<br/>ILGENFRITZ, SCOTT</b>                        | <input type="checkbox"/> Delete |
| STREET ADDRESS<br><b>911 CHESTNUT STREET<br/>CLEARWATER FL 33756</b> |                                 |
| TITLE NAME   | <input type="checkbox"/> Delete |
| STREET ADDRESS   |                                 |
| TITLE NAME   | <input type="checkbox"/> Delete |
| STREET ADDRESS   |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|   |  |
|---|--|
| TITLE NAME<br><b>VP<br/>Johnson, Timothy A., Jr.</b>                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS<br><b>911 Chestnut Street<br/>Clearwater, FL 33756</b> |  |
| TITLE NAME<br><b>VP<br/>Richards, Darryl R.</b>                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS<br><b>911 Chestnut Street<br/>Clearwater, FL 33756</b> |  |
| TITLE NAME<br><b>VP<br/>Little, Michael G.</b>                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS<br><b>911 Chestnut Street<br/>Clearwater, FL 33756</b> |  |
| TITLE NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS  |  |
| TITLE NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS  |  |

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: *Timothy A. Johnson, Jr.* **JOHNSON, JR.** Date: 4/19/02 Daytime Phone # \_\_\_\_\_

SECRETARY OF STATE (9/01)