

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90126 027 ***150.00

0441000 AV

DOCUMENT # J36495

1. Entity Name

JOLYNN OF CLEARWATER, INC.

Principal Place of Business

**25822 US HIGHWAY 19 N.
P.O. BOX 270059
CLEARWATER FL 34623
US**

Mailing Address

**P.O. BOX 270059
TAMPA FL 33688**

2. Principal Place of Business

25822 US Highway 19 N.
Suite, Apt. #, etc.

3. Mailing Address

8810 Twin Lakes Blvd.
Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Tampa FL

4. FEI Number

59-2751686

Applied For

Not Applicable

Zip

34623

Country

Zip

33614

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JOHNSTON, ROBERT P.
3004 SABAL RD
TAMPA FL 33618**

7. Name and Address of New Registered Agent

Name **Johnston, Robert P.**

Street Address (P.O. Box Number is Not Acceptable)

8810 Twin Lakes Blvd.

City **Tampa FL 33614**

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

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 **DS** ☐ Delete
NAME **JOHNSTON, MICHAEL M.**
STREET ADDRESS **2727 N MONROE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **DV** ☐ Delete
NAME **JOHNSTON, MARK T.**
STREET ADDRESS **12004 WATERSIDE CT**
CITY-ST-ZIP **TAMPA FL**

TITLE **DPT** ☐ Delete
NAME **JOHNSTON, ROBERT P.**
STREET ADDRESS **11003 CARROLLWOOD DR**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-02 813-881-0055

CR2E034 (9/01)