

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90219 028 \*\*\*\*50.00

**DOCUMENT # L01000000499**

1. Entity Name

**JOHNSON ENTERPRISES, LLC**

Principal Place of Business

**7701 W. KNIGHTS GRIFFIN RD.  
 PLANT CITY FL 33565**

Mailing Address

**7701 W. KNIGHTS GRIFFIN RD.  
 PLANT CITY FL 33565**

2. Principal Place of Business

**8716 N. TAMPA ST.**

Suite, Apt. #, etc.

3. Mailing Address

**8716 N. TAMPA ST.**

Suite, Apt. #, etc.

City & State

**TAMPA, FLORIDA**

Zip

**33604**

Country

**USA**

City & State

**TAMPA, FLORIDA**

Zip

**33604**

Country

**USA**

4. FEI Number

**59-3703484**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, MATTHEW B  
 7701 W. KNIGHTS GRIFFIN RD.  
 PLANT CITY FL 33565**

7. Name and Address of New Registered Agent

**JOHNSON, MATTHEW B  
 Street Address (P.O. Box Number is Not Acceptable)  
 8716 N. TAMPA ST.**

**TAMPA**

**FL**

Zip Code

**33604**

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

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE ☒ V ☐ Delete  
 NAME **SPIEKHOUT, JOHN A**  
 STREET ADDRESS **7701 W. KNIGHTS GRIFFIN RD.**  
 CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ V ☐ Change ☐ Addition  
 NAME **SPIEKHOUT, JOHN A**  
 STREET ADDRESS **8716 N. TAMPA ST.**  
 CITY-ST-ZIP **TAMPA, FL 33604**

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

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/28/02**

**813-230-7777**

CR2E083 (9/01)

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