

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90082 006 ****50.00

DOCUMENT # L99000006053

1. Entity Name

JOHNSON - IRVINE EQUIPMENT COMPANY, LLC

Principal Place of Business

**2968 RAVENSWOOD ROAD
FT. LAUDERDALE FL 33312**

Mailing Address

**2968 RAVENSWOOD ROAD
FT. LAUDERDALE FL 33312**

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

65-0942506

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**IRVINE, EDISON
2968 RAVENSWOOD ROAD
FT. LAUDERDALE FL 33312**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/16/02
DATE**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JOHNSON, WALTER F JR.
2021 BRIGGS ROAD
MT. LAUREL NJ 08054** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JOHNSON, WALTER F III
2021 BRIGGS ROAD
MT. LAUREL NJ 08054** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JOHNSON, DAVID P
2021 BRIGGS RD.
MT. LAUREL NJ 08054** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
IRVIN, EDISON
3100 STATE ROAD 84, MARINA MILE
FT. LAUDERDALE FL 33312** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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 #

1/16/02

1-800-581-5801

CR2E083 (9/01)