

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90058 004 ***150.00

DOCUMENT # P00000022402

1. Entity Name
JOHNNIE'S GARAGE, INC.

Principal Place of Business 3100 SOUTH UNIVERSITY BOULEVARD SUITE 230 JACKSONVILLE FL 32216	Mailing Address 3100 SOUTH UNIVERSITY BOULEVARD SUITE 230 JACKSONVILLE FL 32216
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2. Principal Place of Business 3447 US 1 SOUTH	3. Mailing Address P.O. Box 845
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CALLAHAN FL.	City & State CALLAHAN FL.
Zip 32011	Zip 32011
Country	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3630370	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent YONG, FRANK J 1050 RIVERSIDE AVENUE JACKSONVILLE FL 32201	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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PRESIDENT
JOHNNIE L. HALL, JR.
3447 US 1 SOUTH
CALLAHAN FL. 32011

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01 904-879-5272
 Date Daytime Phone #

CR2E034 (10/00)