

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90163 008 ***150.00

DOCUMENT # P00000067984

1. Entity Name
J. R. JOHNSON SUPPLY OF FLORIDA, INC.



Principal Place of Business
**3030 COCKROACH BAY ROAD
SUN CITY FL 33586**

Mailing Address
**POST OFFICE BOX 7209
SUN CITY FL 33586**

10010043



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3667073**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHN, LYNN M
3030 COCKROACH BAY ROAD
SUN CITY FL 33586**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

January 29, 2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | JOHN, LYNN M | |
| STREET ADDRESS | 5210 WOODLAWN CIRCLE EAST | |
| CITY-ST-ZIP | PALMETTO FL 34221 | |
| TITLE | VPS | <input type="checkbox"/> Delete |
| NAME | JOHN, ALLAN E | |
| STREET ADDRESS | 5210 WOODLAWN CIRCLE EAST | |
| CITY-ST-ZIP | PALMETTO FL 34221 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | JOHNSON, PEARL L | |
| STREET ADDRESS | 1181 EDGCUMBE ROAD, #316 | |
| CITY-ST-ZIP | SAINT PAUL MN 55105 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** **LYNN M. John** **1-6-03** **813-645-4666**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)