

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90080 010 ***550.00

DOCUMENT # P01000005210

1. Entity Name
MICHAEL JOHNS, INC.

Principal Place of Business
671 NOTTINGHAM FOREST CIR.
JACKSONVILLE FL 32259

Mailing Address
671 NOTTINGHAM FOREST CIR.
JACKSONVILLE FL 32259

2. Principal Place of Business
671 Nottingham Forest Cir
 Suite, Apt. #, etc.

3. Mailing Address
671 Nottingham Forest Cir
 Suite, Apt. #, etc.

City & State
Jacksonville FL
Zip 32259 **Country** U.S.

City & State
Jacksonville FL
Zip 32259 **Country** U.S.

4. FEI Number 59-3698172 **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNS, MICHAEL
671 NOTTINGHAM FOREST CIR.
JACKSONVILLE FL 32259

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

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

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
		<u>P Michael V. Johns</u> <u>671 Nottingham Forest Cir.</u> <u>Jacksonville FL 32259</u>	
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
		<u>VP Joyce A. Johns</u> <u>671 Nottingham Forest Cir</u> <u>Jacksonville FL 32259</u>	
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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: Michael V. Johns
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/02 (904)322-0778
 Date Daytime Phone #

CR2E034 (4/02)