

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90065 014 \*\*\*150.00

**DOCUMENT # P01000046224**  
 1. Entity Name  
**ST. JOHN RESEARCH AND CONSULTING, INC.**

Principal Place of Business      Mailing Address  
**2900 GULF BLVD. NORTH, #314**      **2900 GULF BLVD. NORTH, #314**  
**BELLEAIR BEACH FL 33786**      **BELLEAIR BEACH FL 33786**

2. Principal Place of Business      3. Mailing Address  
**502 GARLAND CIRCLE**      **502 GARLAND CIRCLE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**INDIAN ROCKS BEACH, FL**      **INDIAN ROCKS BEACH, FL**  
 Zip      Country      Zip      Country  
**33785**      **USA**      **33785**      **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**59-3716896**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MARQUARDT, J. MATTHEW ESQ.**  
**625 COURT STREET, SUITE 200**  
**CLEARWATER FL 33756**

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 <sup>X</sup> \_\_\_\_\_  
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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ST. JOHN, CHARLES K K</b>
STREET ADDRESS	<b>2900 GULF BLVD. NORTH, #314</b>
CITY-ST-ZIP	<b>BELLEAIR BEACH FL 33786</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Charles K St. John      04/22/02      727-596-6626  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)