

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90634 010 ***150.00

0093763 AV

DOCUMENT # P01000051212

1. Entity Name
REGULATOR JOHNSON INC.

Principal Place of Business
71 E CHURCH ST. STE 200
ORLANDO FL 32801-3409

Mailing Address
71 E CHURCH ST. STE 200
ORLANDO FL 32801-3409



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

306 NEBRASKA AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LONGWOOD FL

4. FEI Number

59-3725003

Applied For

Not Applicable

Zip

Country

Zip

Country

32750

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KWIATKOWSKI, HARRY S
306 NEBRASKA AVE
LONGWOOD FL 32750

Name
H.S. KWIATKOWSKI

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) 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/D/S/T
STREET ADDRESS	HARRY S KWIATKOWSKI
CITY-ST-ZIP	306 NEBRASKA AV LONGWOOD FL 32750
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP/D
STREET ADDRESS	JUDITH L KWIATKOWSKI
CITY-ST-ZIP	306 NEBRASKA AV LONGWOOD FL 32750
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP/D
STREET ADDRESS	KIMBERLEY L. SPENCE
CITY-ST-ZIP	183 CROWS BLUFF LN JANFORD, FL 32113
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)(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: **H S KWIATKOWSKI 3/6/02 4078491670**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)