
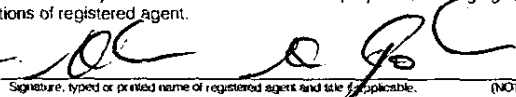



**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000075494 1. Entity Name ALVIN JOHNSON WELL DRILLING AND SPRINKLER SERVICE, INC.				FILED 03 JUL 17 AM 9:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA 02-03 UBR	
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 19616 NW 29TH AVE. Suite, Apt. #, etc.		3. Mailing Address 19616 NW 29 AVE Suite, Apt. #, etc.			
City & State MIAMI GARDENS FLORIDA,		City & State MIAMI GARDENS FLORIDA		4. FEI Number 65-0374345	Applied For <input type="checkbox"/> Not Applicable
Zip 33056	Country USA	Zip 33056	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent	
				Name ALVIN JOHNSON	
				Street Address (P.O. Box Number is Not Acceptable) 19616 NW 29TH AVE.	
				City MIAMI GARDENS	FL Zip Code 33056
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  7-15-03 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT NEVIL ANDERSON 19616 NW 29TH AVE. MIAMI GARDENS FL. 33056		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600021783946 07/25/03--01019--028 **300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALVIN JOHNSON 19616 NW 29TH AVENUE MIAMI GARDENS FL 33056		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
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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 on an attachment with an address, with all other like empowered.					
SIGNATURE  7/17 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034B (12/02)



ALVIN JOHNSON IRRIGATION

Lic. #11121

FLORIDA DEPARTMENT OF STATE
DEVISION OF CORPORATION

DEAR SIR/MADAM,

I AM WRITEING YOU THIS LETTER TO INFORM YOU THAT THE ADDRESS ON MY DOCUMENTS ARE NOT ACCURATE WHICH MIGHT BE THE REASON I DID NOT RECIEVE MY RENUUEALS IN THE MAIL. PLESAAE NOTE THAT MY ADDRESS IS 19616 NW 29TH AVENUE, OPA-LOCKA FL. 33056 I AM ENCLOSEING A CHECK FOR \$300.00 DOLLARS, AND I AM ASKING YOU TO WAVE THE PENALITIES DUE TO THE MISTAKE. I AM ALOS ASKING YOU PLEASE IF YOU COULD E-MAIL ME THE REINSTATEMENT WHEN IT IS DONE AT ALJR@BELLSOUTH.NET I APRECIATE YOUR HELP.

YOURS TRULEY,

ALVIN A. JOHNSON

AL AJC 7-15-03