

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91427 008 ***150.00

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DOCUMENT # P01000094708

1. Entity Name

JOHNSON LAWN SPRINKLERS, INC.



Principal Place of Business
27 FAIRWAY LANE
JACKSONVILLE BEACH FL 32250

Mailing Address
27 FAIRWAY LANE
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

1481 Marsh View Ct

Suite, Apt. #, etc.

3. Mailing Address

1481 Marsh View Ct

Suite, Apt. #, etc.

City & State

Atlantic Beach, FL

Zip

32233

Country

US

City & State

Atlantic Beach, FL

Zip

32233

Country

US

4. FEI Number

59-3746159

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

JOHNSON, HUNLEY A
27 FAIRWAY LANE
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name Sharon Johnson

Street Address (P.O. Box Number is Not Acceptable)

1481 Marsh View Ct

City Atlantic Beach

FL

Zip Code 32233

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

Sharon Johnson

Signature, typed or printed name of registered agent and title if applicable.

Sharon Johnson

(NOTE: Registered Agent signature required when reinstating)

4/27/03

DATE

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

TITLE D
NAME JOHNSON, HUNLEY A
STREET ADDRESS 27 FAIRWAY LANE
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

☐ Delete

TITLE Treasurer
NAME Sharon Johnson
STREET ADDRESS 1481 Marsh View Ct
CITY-ST-ZIP Atlantic Beach, FL 32233

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE VP
NAME Michael Johnson
STREET ADDRESS 1481 Marsh View Ct
CITY-ST-ZIP Atlantic Beach, FL 32233

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Sharon Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03

DATE

Daytime Phone #

CR2E034 (10/02)