

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91290 044 \*\*\*150.00

**DOCUMENT # P02000013524**

**1. Entity Name**  
**JOHNSON'S PLUMBING, INC.**



**Principal Place of Business**  
**6449 BUTTERNUT ST**  
**MILTON FL 32583**

**Mailing Address**  
**6449 BUTTERNUT ST**  
**MILTON FL 32583**

**11023557**



**2. Principal Place of Business**

**6450 Butternut Dr.**  
Suite, Apt. #, etc.

**3. Mailing Address**

**6450 Butternut Dr.**  
Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

**City & State**  
**Milton, FL**

**Zip**  
**32583**

**Country**  
**USA**

**City & State**  
**Milton FL**

**Zip**  
**32570**

**Country**  
**USA**

**4. FEI Number**  
**01-0623519**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**JOHNSON, DAVID L**  
**6449 BUTTERNUT ST**  
**MILTON FL 32583**

**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**

**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**TITLE** ☐ Delete  
**NAME** **PD JOHNSON, DAVID L**  
**STREET ADDRESS** **6449 BUTTERNUT ST**  
**CITY-ST-ZIP** **MILTON FL 32583**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☒ Addition  
**NAME** **TSD JULIA A. MATHIS**  
**STREET ADDRESS** **6583 Lakeshore Dr.**  
**CITY-ST-ZIP** **Milton, FL 32570**

**TITLE** ☒ Change ☐ Addition  
**NAME** **PD David L. Johnson**  
**STREET ADDRESS** **6450 Butternut St.**  
**CITY-ST-ZIP** **Milton, FL 32583** **← Address**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 this report, with all other like or kind.**

**SIGNATURE:** **David L. Johnson** **3/13/03 850-623-0983**  
**850-623-1938**  
**DAYTIME PHONE #**

CR2E034 (10/02)