FILED
May 12, 2003 8:00 am
Secretary of State
04-24-2003 90215 031 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000084362

1. Entity Name
WILLIAM JOHNSON
1902 DATE PALM EDGEWATER FL 32141

DO NOT WRITE IN THIS SPACE

55039849

2. Principal Place of Business	3. Mailing Address
1902 DATE PALM	1902 DATE PALM
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: EDGEWATER, FLORIDA	City & State: EDGEWATER, FLORIDA
Zip: 32141 Country: VOLUSIA	Zip: 32141 Country: VOLUSIA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 03-0468968 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: JOHNSON AND DIEHL INC.
Street Address (P.O. Box Number is Not Acceptable): 1902 DATEPALM
City: EDGEWATER FL Zip Code: 32141

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: William Johnson 5/7/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	WILLIAM JOHNSON
STREET ADDRESS	1902 DATE PALM
CITY-ST-ZIP	EDGEWATER, FLORIDA 32141
TITLE	VICE PRESIDENT
NAME	SHAUN DIEHL
STREET ADDRESS	2532 BELMONT AVE
CITY-ST-ZIP	NEW SMYRNA, FLORIDA 32168
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

CR2E034B (12/02)

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: William Johnson WILLIAM JOHNSON 4/21/03 (386) 314-8799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #