

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

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90083 025 \*\*\*150.00

DOCUMENT # 902000129655

1. Entity Name  
John William Townsend, Inc.



**DO NOT WRITE IN THIS SPACE**

**90017724**

2. Principal Place of Business  
1003 East Avenue N.  
Suite, Apt. #, etc.

3. Mailing Address  
3355 Bearss Avenue  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Sarasota, Florida  
Zip  
34237  
Country  
USA

City & State  
Tampa, Florida  
Zip  
33618  
Country  
USA

4. FEI Number  
81-0585021

Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

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

Name  
Walter Sanders  
Street Address (P.O. Box Number is Not Acceptable)  
3355 Bearss Avenue  
City  
Tampa FL Zip Code  
33618

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 Walter Sanders Walter Sanders 1/31/03  
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

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D/Pres  
John William Townsend  
1003 East Avenue North  
Sarasota, FL 34237

TITLE  
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CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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: John William Townsend  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03 941-366-4925  
Date Daytime Phone #

CR2E034B (12/02)