

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90095 015 ***150.00

0329660 AV

DOCUMENT # P93000004038

1. Entity Name

NORTHROP AND JOHNSON HOLDING COMPANY, INC.

Principal Place of Business

**1901 SE 4TH AVE
FT LAUDERDALE FL 33316
US**

Mailing Address

**1901 SE 4TH AVE
FT LAUDERDALE FL 33316
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0524880

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MERRIGAN, KEVIN
1901 SE 4TH AVE
FT LAUDERDALE FL 33316**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	TS	<input type="checkbox"/> Delete
NAME	MERRIGAN, KEVIN E	
STREET ADDRESS	1901 SE 4TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LESLIE, ROBERT D	
STREET ADDRESS	1901 SE 4TH	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEO, JOHN P JR	
STREET ADDRESS	1901 SE 4TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	VLIET, KEES V	
STREET ADDRESS	1901 SE 4TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALSTEAD, HENRY F	
STREET ADDRESS	1901 SE 4TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	ED	<input type="checkbox"/> Delete
NAME	LUKOSKIE, FAY	
STREET ADDRESS	3351 TWIN LAKES TERRACE #101	
CITY-ST-ZIP	FORT PIERCE FL 34951	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FAY LUKOSKIE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02 561-460-1462
Date Daytime Phone #

CP2E034 (9/01)