## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT#**

Principal Place of Business

FT LAUDERDALE FL 33316

1901 SE 4TH AVE

P93000004038

Mailing Address

1901 SE 4TH AVE

FT LAUDERDALE FL 33316

1. Entity Name

NORTHROP AND JOHNSON HOLDING COMPANY, INC.



**FILED** Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90225 012 \*\*\*150.00

|          | 0 |
|----------|---|
| O WE THE |   |

| 03   |                    |                                      | 03                            |              |  |                    |   |                |                            |              |  |
|--|--------------------|--------------------------------------|-------------------------------|--------------|--|--------------------|---|----------------|----------------------------|--------------|--|
| 2. Principal P   | Place of Busine    | ess                                  | 3. Mailing Address            |              |  |                    | T TERUKERI KAN ARABA TAKU BERKA BERKA BERKA BANK BERKA BANK BERKA BANK BANK BANK BANK BANK BANK BANK BA |                |                            |              |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.  |                    |                                      |                               |              | · · · · · · · · · · · · · · · · · · ·              |                    | CHECK HERE IF MAKING CHANGES  |                |                            |              |  |
| City & State City & State  |                    |                                      |                               |              | 4. FEI Number 65-0524880                           |                    |   | _ <del> </del> | plied For<br>at Applicable |              |  |
| Zip  |                    | Country                              | Zip                           | Country      |  |                    | 5. Certificate of Status Desired   \$8.75 Additional Fee Required                                       |                |                            |              |  |
| 6. Name and Address of Current Registered Agent  |                    |                                      |                               |              | 7. Name and Address of New Registered Agent        |                    |   |                |                            |              |  |
|  |                    |                                      |                               | -            | Name   |                    |   |                |                            |              |  |
| MERRIGAN, KEVIN  |                    |                                      |                               |              | Street Address (P.O. Box Number is Not Acceptable) |                    |   |                |                            |              |  |
| 1901 SE 4TH AVE  |                    |                                      |                               |              | Street Address (F.O. Box Number is Not Acceptable) |                    |   |                |                            |              |  |
| FT LAUDERDALE FL 33316   |                    |                                      |                               |              |  |                    |   |                |                            |              |  |
|  |                    |                                      |                               |              | City FL Zip Code                                   |                    |   |                |                            |              |  |
| 8. The above   | named entity       | submits this statement fo            | r the purpose of changing its | register     | ed office or                                       | registered         | d agent, or both, in the State of Flori-  | da. Lam        | familiar with,             | and accept   |  |
| the obligat  | ions of registe    | red agent.                           |                               |              |  |                    |   |                |                            |              |  |
| SIGNATURE .  |                    |                                      |                               |              |  |                    |   |                |                            |              |  |
| SIGNATORIE.  | Signature, typed o | r printed name of registered agent a | and title if applicable. (NOT | E: Registere | d Agent signatu                                    | re required w      | hen reinstating)  | DATE           |                            |              |  |
| FILE NOW!!! FEE IS \$150.00  |                    |                                      |                               |              |  |                    | 9. Election Campaign Final  | ncina          | \$5.0                      | 0 May Be     |  |
| After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State |                    |                                      |                               |              |  |                    | Trust Fund Contribution.  |                |                            | to Fees      |  |
| ·  |                    |                                      |                               |              |  |                    | ADDITIONIO/OUANIOEO TO OFFIC  | COC AND        | CUDENTOR                   | 2 (6) 4 4    |  |
| 10.  | TS                 | OFFICERS AND                         |                               | 11.          | -  | P                  | ADDITIONS/CHANGES TO OFFIC  | ERS AND        | Change                     | Addition     |  |
| TITLE<br>NAME  | MERRIGAN           |                                      | ☐ Delete                      | TITLE        |  | _                  | rigan, Kevin E.   |                | Es change                  | Addition     |  |
| STREET ADDRESS   | 1901 SE 4          |                                      |                               |              | ET ADDRESS   |                    | 1 SE 4th Avenue   |                |                            |              |  |
| CITY-ST-ZIP  |                    | FT LAUDERDALE FL                     |                               |              | -ST-ZIP  |                    | t. Lauderdale, FL   |                |                            |              |  |
| TITLE  | ٧                  | sir.                                 | ☐ Delete                      | TITLE        | Ē  | T                  |   |                | K Change                   | ☐ Addition   |  |
| NAME   | LESLIE, ROBERT D   |                                      |                               | NAM          | E  | _                  | Leslie, Robert D.   |                |                            |              |  |
| STREET ADDRESS   | 1901 SE 4          |                                      |                               | STRE         | ET ADDRESS   |                    | 901 SE 4th Avenue   |                |                            |              |  |
| CITY-ST-ZIP  | ft lauderdale fl   |                                      |                               | CITY         | -ST-ZIP  | Ft. Lauderdale, FL |   |                |                            |              |  |
| TITLE  | D ·                | D - [X] Delet                        |                               | . TITLE      | Ē  |                    |   | <i>_</i>       | Change                     | ☐ Addition ( |  |
| NAME   | LEO, JOHN          |                                      |                               | NAM          | _  |                    |   |                |                            |              |  |
| STREET ADDRESS CITY-ST-ZIP   | 1901 SE 4          |                                      |                               |              | ET ADDRESS<br>- ST-ZIP                             |                    |   |                |                            |              |  |
|  | ft laudei<br>P     | NUALE FL                             | r~1                           | -            |  | VP                 |   |                | <b>V</b> 1 0               | F71 4-4-00   |  |
| TITLE<br>NAME  | VLIET, KEE         | e v                                  | Delete                        | TITLE        |  |                    | et, Kees V  |                | K1 Change                  | Addition     |  |
| STREET ADDRESS   |                    |                                      |                               |              | ET ADDRESS   | 190                | 1 SE 4th Avenue   |                |                            |              |  |
| CITY-ST-ZIP  | FT LAUDE           | RDALE FL                             |                               | CITY         | -ST-ZIP  |                    | Lauderdale, FL  | 5.5.5          |                            |              |  |
| TITLE  | D                  |                                      | ☐ Delete                      | TITLE        |  | D                  | Dadderdare, II  |                | [X Change                  | Addition     |  |
| NAME   | HALSTEAD           | , Henry F                            |                               | NAM          | E  | Hal                | sted, Henry F.  |                |                            | _            |  |
| STREET ADDRESS   | 1901 SE 4          | TH AVE                               |                               |              | ET ADDRESS   |                    | 1 SE 4th Avenue   |                |                            | {            |  |
| CITY-ST-ZIP  | FT LAUDE           | RDALE FL                             |                               | CITY         | -ST-ZIP  |                    | Lauderdale, FL  |                |                            |              |  |
| TITLE  | ED                 |                                      | □X Delete                     | TITLE        |  | ED                 | ,   |                | [X] Change                 | X Addition   |  |
| NAME   | LUKOSKIE,          |                                      | 04                            | NAMI         |  |                    | onnell, Lisa M.   |                |                            |              |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |                    | LAKES TERRACE #10                    | וע                            |              | ET ADDRESS<br>-ST-ZIP                              | 190                | 1 SE 4th Avenue   |                |                            | }            |  |
| O111-31-21F  | FUNI FIEM          | CE FL 34951                          |                               | CHY          | -31-715  | Ft                 | Lauderdale FI   |                |                            |              |  |

12. I hereby certify that the information supplied with this filling dose not dealify 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 eath; that I am an officer or director of the corporation or the receiver or trustee empore at the 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

**SIGNATURE:** 

MEDUINED RE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR