

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000041962

1. Entity Name

JOHNSON-GRAHAM-MALONE, INC.

FILED

Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90072 012 ***158.75

Principal Place of Business

9551 BAYMEADOWS RD
SUITE 18
JACKSONVILLE FL 32256
US

Mailing Address

9551 BAYMEADOWS RD
SUITE 18
JACKSONVILLE FL 32256
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 59-3201363

Applied For

Not Applicable

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

GRAHAM, MICHAEL W
9551 BAYMEADOWS RD
SUITE 18
JACKSONVILLE FL 32256

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~PD~~ ☐ Delete
NAME JOHNSON, TED M
STREET ADDRESS 9551 BAYMEADOWS RD, SUITE 18
CITY-ST-ZIP JACKSONVILLE FL

TITLE DIRECTOR ☐ Change ☐ Addition
NAME JOHNSON, TED M
STREET ADDRESS 9551 BAYMEADOWS RD, SUITE 18
CITY-ST-ZIP JACKSONVILLE, FL. 32256

TITLE SVT ☐ Delete
NAME GRAHAM, MICHAEL W
STREET ADDRESS 9551 BAYMEADOWS RD, SUITE 18
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE ~~V~~ ☐ Delete
NAME MALONE, JAMES A III
STREET ADDRESS 9551 BAYMEADOWS RD, SUITE 18
CITY-ST-ZIP JACKSONVILLE FL

TITLE PRESIDENT ☐ Change ☐ Addition
NAME MALONE, JAMES A III
STREET ADDRESS 9551 BAYMEADOWS RD, SUITE 18
CITY-ST-ZIP JACKSONVILLE, FL. 32256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)