FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91865 047 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000075085

1. Entity Name
JOHNS, BUCKALEW & JOHNS, P.A.

Principal Place of Business	Mailing Address
1941 MICHIGAN AVE COCOA, FL 32922 US	1941 MICHIGAN AVE COCOA, FL 32922 US

2. Principal Place of Business	3. Mailing Address
2951 State Rd 520	2951 State Rd 520
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cocoa FL	City & State: Cocoa FL
Zip: 32926 Country: Brevard	Zip: 32926 Country: Brevard

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3208135 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNS, CARL E JR
~~1941 MICHIGAN AVE~~
~~COCOA, FL 32922~~
2951 State Rd 520
Cocoa, FL 32926

7. Name and Address of New Registered Agent

Name: Carl E Johns Jr.
Street Address (P.O. Box Number Is Not Acceptable): 2951 State Rd 520
City: Cocoa FL Zip Code: 32926

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: [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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	S	☐ Delete
NAME	JOHNS, CARL E JR	
STREET ADDRESS	1941 MICHIGAN AVE	
CITY-ST-ZIP	COCOA, FL	
TITLE	VSD	☒ Delete
NAME	BUCKALEW, M R III	
STREET ADDRESS	1941 MICHIGAN AVE	
CITY-ST-ZIP	COCOA, FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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

SIGNATURE: [signature] 4-29-03 (321)633-4321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #