

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90167 041 ***150.00

DOCUMENT # P96000028446

1. Entity Name
HARRELL & JOHNSON, P.A.

Principal Place of Business

**7077 BONNEVAL ROAD
 #205
 JACKSONVILLE FL 32216**

Mailing Address

**7077 BONNEVAL ROAD
 #205
 JACKSONVILLE FL 32216**

2. Principal Place of Business

**4735 SUNBEAM RD.
 Suite, Apt. #, etc.**

3. Mailing Address

**4735 SUNBEAM RD
 Suite, Apt. #, etc.**

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3379527

Applied For

Not Applicable

Zip

32257

Country

UNITED STATES

Zip

32257

Country

UNITED STATES

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HARRELL, WILLIAM H JR
 7077 BONNEVAL ROAD
 #205
 JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

Name: **HARRELL, WILLIAM H JR**
 Street Address (P.O. Box Number is Not Acceptable):
4735 SUNBEAM RD
 City: **JACKSONVILLE** FL Zip Code: **32257**

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	DP	☐ Delete
NAME	JOHNSON, GREGORY W ESQ	
STREET ADDRESS	7077 BONNEVAL RD, #205	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DOB	☐ Delete
NAME	HARRELL, WILLIAM H JR	
STREET ADDRESS	7077 BONNEVAL RD, #205	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	☒ Delete
NAME	HARRELL, RENEE	
STREET ADDRESS	7077 BONNEVAL RD #205	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	☒ Delete
NAME	BLACK, DONALD F	
STREET ADDRESS	7077 BONNEVAL RD #205	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP, S, T, D	☒ Change ☐ Addition
NAME	JOHNSON, GREGORY W	
STREET ADDRESS	4735 SUNBEAM RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	P, D, CB	☒ Change ☐ Addition
NAME	HARRELL, WILLIAM H. JR	
STREET ADDRESS	4735 SUNBEAM RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM H. HARRELL JR

Date

Daytime Phone #

1-22-02 904 296-9400

CR2E034 (9/01)