

1/22/01

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 15, 2001 8:00 am  
Secretary of State**

01-22-2001 90038 001 \*\*\*150.00

**DOCUMENT # P96000078987**

Entity Name

**JOHNSON ELECTRIC OF SARASOTA INC**

Principal Place of Business

**2033 MAIN STREET #100  
SARASOTA FL 34237**

Mailing Address

**2033 MAIN STREET #100  
SARASOTA FL 34237**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**Suite 600**

Suite, Apt. #, etc.

**Suite 600**

City &amp; State

City &amp; State

4. FEI Number **65-0699224**

Applied For

Not 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

**PFLUGNER, J G****2033 MAIN STREET #100  
SARASOTA FL 34237**

Name

Street Address (P.O. Box Number is Not Acceptable)

**Suite 600**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
JOHNSON, W A III  
2135 20TH STREET UNIT "C"  
SARASOTA FL 34234** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ST  
JAMES P JOHNSON  
2135 20TH ST UNIT "C"  
SARASOTA FL 34234** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**JAMES P. JOHNSON** ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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: *W A Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-5-01 9419570527**

Date

Daytime Phone #

CR2E034 (10/00)