

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
 04-22-2002 90175 017 ***150.00

DOCUMENT # P97000005473

1. Entity Name
JOHNSTON IRRIGATION, INC.

Principal Place of Business
1108 EAST LAKEVIEW DRIVE
AVON PARK FL 33825

Mailing Address
POST OFFICE BOX 7068
AVON PARK FL 33826



2. Principal Place of Business

3. Mailing Address

2428 S. Lake Letta Dr. 2428 S. Lake Letta Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Avon Park, FL.

Avon Park, FL.

4. FEI Number

65-0725326

Applied For

Not Applicable

Zip

Country

Zip

Country

33825

USA

33825

USA

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
JOHNSTON, MATTHEW M
96 HERRINGBONE CT
NEWBERRY PARK CA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
V
JOHNSTON, RONALD D
1108 EAST LAKEVIEW DR
AVON PARK FL 33825

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☐ 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: *Ronald D Johnston*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-02
 Date

381-2449
 Daytime Phone #

CR2E034 (9/01)