2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000037991 1. Entity Name FOWLER AND JOHNSON SALES, CORPORATION

Principal Place of Business 2893 W. NEW HAVEN W. MELBOURNE FL 32904

Mailing Address

2893 W. NEW HAVEN W. MELBOURNE FL 32904

	· ·
Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State A
Zip Country	Zip
6. Name and Address of Cur	

FILED Jul 30, 2002 8:00 am Secretary of State

07-30-2002 90378 029 ***558.75



City & Ct					DO NOT WHITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 65-0753752		Applied For	
_ Zip	Country	Zip	Country				Not Applicable	
 	6 Name and Address of O	<u> </u>		5.	Certificate of Status Desired	*\$8.75 A	Additional uired	
	6. Name and Address of Current F	legistered Agent:		7,	Name and Address of New Registe			
FOWLER	R, JAMES R	* *}-	Name		· · · · · · · · · · · · · · · · · · ·			
	EST NEW HAVEN		Street	Address (P.O.	Box Number is Not Acceptable)			
	IRNE FL 32904	n, t	<u> </u>					
	11112 7 2 02304	š.,.						
		į.	City			Zip Co		
8. The above	e named entity submits this statement for titions of registered agent.	the purpose of changing its re	enistered office o	r rogintored or		<u>-L</u>		
the obliga	itions of registered agent.		na di la composito de la compo	r registered ag	gent, or both, in the State of Florida. I	am familiar wit	h, and accept	
SIGNATURE	_							
	Signature, typed or printed name of registered agent an		Registered Agent signal	ture required when re	einetating)			
9. This corp	oration is eligible to satisfy its Intangible				einstating) DA'	re 		
Tax filing requirement and elects to do so			.0550 FEE 15 \$550 1 2002 Fee will t	.00 vo. \$750.00	10. Election Campaign Financing	¢.	00	
(See crite	ria on back)	Make Check Payable	to Departmen	t of State	Trust Fund Contribution.	Adde	.00 May Be ed to Fees	
11.	OFFICERS AND D		12.		DITIONS (CHANGES TO THE			
TITLE	PSD	☐ Delete	TITLE	PSP	DITIONS/CHANGES TO OFFICERS A			
NAME	FOWLER, JAMES R		44125	1 -	e , Jahes R	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	2411-SE LEITHGOW ST 516	RYSTALlakeD	STREET ADDRESS	516 CE	WISTAL LAKES DRIVE			
	PORT ST LUCIE FL 34952 Me	-HOOVENEFL 3294	CITY-ST-ZIP	MELBON	XNE, FLORIDA 3290	40	l	
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STREET ADDRESS			NAME			□ change	☐ Addition ∫	
CITY-ST-ZIP			STREET ADDRESS				ľ	
TITLE		<u>-~ </u>	.≈CITY-ST-ZIP		. این در افایی است	رونين سودي	.	
NAME		☐ Delete	TITLE			☐ Change	Addition	
STREET ADDRESS			NAME Street Address					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE					
IAME		_ book	NAME			Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS				}	
CITY-ST-ZIP			CITY-ST-ZIP				}	
TTLE		☐ Delete	TITLE					
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TLE			CITY-ST-ZIP					
AME		☐ Delete	TITLE		*	☐ Change		
TREET ADDRESS			NAME					
TY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
3. I hereby ce	rtify that the information supplied with this	filing doop not avertify it			<u> </u>	<u></u>		
indicated o	rtify that the information supplied with this n this report or supplemental report is true pration or the receiver or trustee empower or on an attachment with an address.	and accurate and that my si	exemption stated gnature shall hav	d in Section 11 e the same ler	9.07(3)(i), Florida Statutes. I further ce	rtify that the in	formation	
changed, o	pration or the receiver or trustee empower or on an attachment with an address, with	ed to execute this report as re all other like empowered.	equired by Chapt	er 607, Florida	Statutes; and that my name appears	arn an officer of in Block 11 or	or director) Block 12 if	
	- 101010-1111		1				[

Course South Resident SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

321-432-8105

AMERICAN VERTICAL Melbourne, Florida 32904

Phone 407 725-7011 Fax 407 725-7531

2893 West New Haven

July 26, 2002

Department of State **Division of Corporations** P.O. Box 1500 Tallahassee, Florida 32302-1500

Dear Sirs;

Please find enclosed our filing of the UBR form and payment including the 150.00 fee, 400.00 late fee and 8.75 charge for a copy of certificate. Please be advised that we did not receive the first notice this year, and I am distressed that we did not catch the error until now.

Several years ago we had the same problem, due to the form being mailed to an old address and not forwarded. We paid the late fee then, and I have always asked the accountants and office staff to not make the same mistake. This year we apparently never received the first notice, so I am requesting you waive the late fee.

I have enclosed payment in full to insure that we incur no additional late charges, please advise us if the late fee of 400.00 is refundable as per section 8 of the frequently asked questions included in the form we have now.

Your help would be greatly appreciated, we are a small business in a struggling economy, we always strive to pay our taxes and fees on time.

Sincerely.

James R. Fowler, President

Fowler & Johnson Sales Corporation

cc/file msworks