

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90129 025 \*\*\*150.00

DOCUMENT # **595190**

1. Entity Name  
**WILLIAM L. JOHNS, INC.**

Principal Place of Business Mailing Address  
**7960 103RD ST.**  
**APT. 1007**  
**JACKSONVILLE, FL 32210**

2. Principal Place of Business JACKSONVILLE 3. Mailing Address 7960 103RD STREET

Suite, Apt. #, etc. 7960 103RD ST #1007 Suite, Apt. #, etc. # 1007

City & State JACKSONVILLE FL City & State JACKSONVILLE FL

Zip 32210 Country USA Zip 32210 Country USA

4. FEI Number **59-3093688** Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**WILLIAM L. JOHNS**  
**7960 103RD STREET**  
**APT. # 1007**  
**JACKSONVILLE, FL 32210**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ State **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 **William L. Johns**  
Signature (use a printed name of registered agent and 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, 2000 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 <b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME <b>William L. Johns</b>	
STREET ADDRESS <b>7960 103RD ST # 1007</b>	
CITY-ST-ZIP <b>JACKSONVILLE, FL 32210</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not violate any provision of law or regulation in Section 219.07(1)(b), Florida Statutes. I further certify that the signature appearing on this report or supplemental report is true and accurate and that I am the corporation or the receiver or trustee empowered to execute this report, or on an attachment with an address, with or without the empowerment...

SIGNATURE: **William L. Johns** **William L. Johns** (904) 772-7223  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF CORPORATION