

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V37874**

1. Entity Name

JANZEN, JOHNSTON & ROCKWELL OF FLORIDA, INC.

FILED

00 APR -7 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4551 GLENCOE AVE
SUITE 260
MARINA DEL REY CA 90292
US

4551 GLENCOE AVE
SUITE 260
MARINA DEL REY CA 90292-7925
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3125823

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

MAHER, MARK
1600 TAMiami TRAIL
SUITE 111
PUNTA GORDA FL 33950

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City
Plantation

FL

Zip Code
33324

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]

D.F. HICKEY
ASSISTANT SECRETARY

April 6, 2000

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **JOHNSTON, BRIAN D**
STREET ADDRESS **4551 GLENCOE SUITE 260**
CITY-ST-ZIP **MARINA DEL REY CA**

TITLE **EVS** ☐ Delete
NAME **STAUM, BARRY B**
STREET ADDRESS **4551 GLENCOE #260**
CITY-ST-ZIP **MARINA DEL REY CA**

TITLE **SVT** ☐ Delete
NAME **BUCKLEY, EDWARD**
STREET ADDRESS **4551 GLENCOE #260**
CITY-ST-ZIP **MARINA DEL REY CA**

TITLE **D** ☐ Delete
NAME **SCHEPPER, STEVE**
STREET ADDRESS **4551 GLENCOE SUITE #260**
CITY-ST-ZIP **MARINA DEL REY CA**

TITLE **D** ☒ Delete
NAME **CLARK, ROLAND B**
STREET ADDRESS **4551 GLENCOE SUITE 260**
CITY-ST-ZIP **MARINA DEL REY CA**

TITLE **D** ☐ Delete
NAME **BRASH, STEWART H**
STREET ADDRESS **4551 GLENCOE SUITE 260**
CITY-ST-ZIP **MARINA DEL REY CA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **800003213898--6**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **-04/19/00--01012-014**
*****150.00 ***150.00**

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-00

Date

Daytime Phone #

KE

Barry Staum EVS