

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
 04-22-2002 90293 016 ***150.00

DOCUMENT # V46785

1. Entity Name
BJ'S MAINTENANCE AND REPAIR, INC.

Principal Place of Business
**13532 TARRASSA CT W.
 JACKSONVILLE FL 32225**

Mailing Address
**13532 TARRASSA CT W.
 JACKSONVILLE FL 32225**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3109133**

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

**JOHNSON, JUNE A.
 13532 TARRASSA CT
 JACKSONVILLE FL 32225**

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 June Johnson, Pres June Johnson 4-11-02
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 **D Vice president** ☐ Delete
 NAME **JOHNSON, WILLIAM R.**
 STREET ADDRESS **13532 TARRASSA CT W**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **Vice president** ☒ Change ☐ Addition
 NAME **William R Johnson**
 STREET ADDRESS **13532 TARRASSA CT W**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **D President** ☐ Delete
 NAME **JOHNSON, JUNE A.**
 STREET ADDRESS **13532 TARRASSA CT W**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **President** ☒ Change ☐ Addition
 NAME **June A Johnson**
 STREET ADDRESS **13532 TARRASSA CT W**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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: June Johnson, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-02 TRW 904 398 6559
 Date Daytime Phone #

CR2E034 (9/01)