

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H40630

1. Entity Name

LAW OFFICES OF HENRY PAUL JOHNSON, P.A.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90070 045 ***150.00

Principal Place of Business

~~3227 HORESHOE DR S~~
~~SUITE 105~~
~~NAPLES FL 34104~~
~~US~~

Mailing Address

~~3227 HORESHOE DR S~~
~~SUITE 105~~
~~NAPLES FL 34104~~
~~US~~

2. Principal Place of Business

6640 Willow Park Drive

3. Mailing Address

6640 Willow Park Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Naples, Florida

4. FEI Number 59-2472272

Applied For

Not Applicable

Zip

Country

34109

USA

Zip

Country

34109

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

JOHNSON, HENRY PAUL

~~3227 HORESHOE DR S~~

~~SUITE 105~~

~~NAPLES FL 34104~~

Name

Henry Paul Johnson

Street Address (P.O. Box Number is Not Acceptable)

6640 Willow Park Drive

City
Naples

FL

Zip Code
34109

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

Henry Paul Johnson

4/23/01

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, 2001 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	PD	☐ Delete
NAME	JOHNSON, HENRY PAUL	
STREET ADDRESS	3227 HORESHOE DR S SUITE 105	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	ST	☐ Delete
NAME	JOHNSON, JILL K.	
STREET ADDRESS	3227 HORESHOE DR S SUITE 105	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	☒ Change ☐ Addition
NAME	JOHNSON, HENRY PAUL	
STREET ADDRESS	6640 Willow Park Drive	
CITY-ST-ZIP	Naples, Florida 34109	
TITLE	ST	☒ Change ☐ Addition
NAME	JOHNSON, JILL K.	
STREET ADDRESS	6640 Willow Park Drive	
CITY-ST-ZIP	Naples, Florida 34109	
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:

Henry Paul Johnson, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)