

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **H71 939**

1. Entity Name

Johnson/Peterson Architects, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL 25 PM 3:30

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
313 N. Monroe St.

3. Mailing Address
313 N. Monroe St.

Suite, Apt. #, etc.
Suite 1

Suite, Apt. #, etc.
Suite 1

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee, Florida

City & State
Tallahassee, Florida

4. FEI Number
59-2550734

Applied For
Not Applicable

Zip
32301

Country
USA

Zip
32301

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Mark Levine**

Street Address (Do Not Mark as Not Applicable)
245 W. Virginia Street

City **Tallahassee** **FL** Zip Code **32301**

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, 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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
**P/T/D
Johnson, Ivan E., III
525 E. Call Street
Tallahassee, FL 32304**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**200006876222--6
-08/02/02--01046--013
***558.75 ***558.75**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V/S/D
Stivers, Kathryn
2149 Armistead Rd.
Tallahassee, FL 32308**

TITLE
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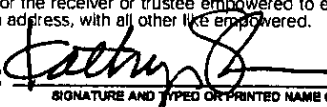
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathryn Stivers, Vice Pres. 7/25/02 224-9700

Date

Daytime Phone #

CR2E034B (12/01)

js 7/25/02