

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90172 043 ***150.00

DOCUMENT # P96000101159



1. Entity Name
JOHNSON-PREWITT & ASSOCIATES, INC.

Principal Place of Business
850 WEST VENTURA AVENUE
CLEWISTON FL 33440

Mailing Address
P.O. BOX 1029
CLEWISTON FL 33440
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0713092

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERRY, THOMAS C JR
850 WEST VENTURA AVENUE
CLEWISTON FL 33440

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPST	<input type="checkbox"/> Delete
NAME	PERRY, THOMAS C JR	
STREET ADDRESS	850 WEST VENTURA AVENUE	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	V	<input type="checkbox"/> Delete
NAME	TULLOS, R C	
STREET ADDRESS	850 WEST VENTURA AVENUE	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	V	<input type="checkbox"/> Delete
NAME	BENAVIDES, ARMANDO L	
STREET ADDRESS	850 WEST VENTURA AVENUE	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas C Perry*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-03 863-983-9188
Date Daytime Phone #

CR2E034 (10/02)