2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
04-19-2001 90071 008 ***150.00

DOCUMENT # P97000108417

1. Entity Name
JOHNSON, PEOPLES ARCHITECTS, P.A.

Principal Place of Business	Mailing Address
310 SOUTHEAST 8TH ST. OCALA FL 34471	310 SOUTHEAST 8TH ST. OCALA FL 34471

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
316 SE 8 ST	316 SE 8 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala FL	City & State: Ocala FL
Zip: 34471 Country:	Zip: 34471 Country:

4. FEI Number 59-3486115 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, TERRY
310 SOUTHEAST 8TH ST.
OCALA FL 34471

7. Name and Address of New Registered Agent

Name: Terrence M. Johnson
Street Address (P.O. Box Number is Not Acceptable): 316 SE 8 ST
City: Ocala FL Zip Code: 34471

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: Terrence M. Johnson (signature) DATE: 04/11/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP JOHNSON, TERRENCE M 310 SE 8ST OCALA FL 34471 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 316 SE 8 ST
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PEOPLES, JAMES W 310 SE 8 ST OCALA FL 34471 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 316 SE 8 ST
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Terrence M. Johnson (signature) 04/11/01 352-351-1963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #