

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 301182

1. Entity Name
JOHNSON FARMS, INC.

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90033 025 ***150.00

Principal Place of Business
505 S FLAGLER DR
SUITE 1010
W PLAM BCH FL 33401
US

Mailing Address
PO BOX 85
W PALM BCH FL 33402
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1214647

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, RICHARD S
505 S. FLAGLER DRIVE
SUITE 1010
WEST PALM BEACH FL 33401

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 _____ (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 PD
NAME JOHNSON, RICHARD S
STREET ADDRESS 751 ISLAND DRIVE
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

TITLE D
NAME Austin, Helene J.
STREET ADDRESS 100 Plymouth Rd
CITY-ST-ZIP West Palm Beach FL ☐ Change ☒ Addition

TITLE D
NAME JOHNSON, SCOTT A
STREET ADDRESS 505 S FLAGLER DRIVE, #1010
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

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

TITLE D
NAME JOHNSON, RICHARD S JR
STREET ADDRESS 1706 N LAKESIDE DRIVE
CITY-ST-ZIP LAKE WORTH FL ☐ Delete

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

TITLE DS
NAME JOHNSON, PATSY S
STREET ADDRESS 751 ISLAND DRIVE
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

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

TITLE D
NAME SNED, PATRICIA J
STREET ADDRESS 165 ELWA PLACE
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

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

TITLE D
NAME FLAGG, CATHARINE J
STREET ADDRESS 249 LA PUERTO WAY
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)