

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 454382

1. Entity Name

R.T. JOHNSON COMPANY, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90030 024 ***150.00

00007627



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2232 HOLLY LEAF LANE
ORANGE PARK FL 32073-5431

2232 HOLLY LEAF LANE
ORANGE PARK FL 32073-5431

2. Principal Place of Business

351 CROSSINGS BLVD.

3. Mailing Address

P.O. BOX 963

Suite, Apt. #, etc.

APT. #1316

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL.

City & State

ORANGE PARK, FL.

4. FEI Number

59-1533862

Applied For

Not Applicable

Zip

32073

Country

USA

Zip

32067-0963

Country

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, RICHARD TERRY
2232 HOLLY LEAF LANE
ORANGE PARK FL

Name

JOHNSON, RICHARD TERRY

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

351 CROSSING BLVD.

APT. #1316

City

ORANGE PARK

FL

Zip Code

32073

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 RICHARD TERRY JOHNSON, PRES.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Richard Terry Johnson 1/16/00

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, 2000 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 **P** ☐ Delete
NAME **JOHNSON, RICHARD T.**
STREET ADDRESS **2232 HOLLY LEAF LANE**
CITY-ST-ZIP **ORANGE PARK FL**

TITLE **P/D** ☒ Change ☐ Addition
NAME **JOHNSON, RICHARD T.**
STREET ADDRESS **351 CROSSINGS BLVD., APT. #1316**
CITY-ST-ZIP **ORANGE PARK, FL. 32073**

TITLE **V** ☒ Delete
NAME **JOHNSON, JOYCE M.**
STREET ADDRESS **2232 HOLLY LEAF LANE**
CITY-ST-ZIP **ORANGE PARK FL**

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

TITLE **D** ☒ Delete
NAME **JOHNSON, JOYCE M.**
STREET ADDRESS **2232 HOLLY LEAF LANE**
CITY-ST-ZIP **ORANGE PARK FL**

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

TITLE **D** ☒ Delete
NAME **JOHNSON, RICHARD TERRY**
STREET ADDRESS **2232 HOLLY LEAF LANE**
CITY-ST-ZIP **ORANGE PARK FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: Richard T. Johnson RICHARD T. JOHNSON 1/16/2000 904-264-7255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)