

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State
 01-26-2001 90063 016 ***158.75

DOCUMENT # 454382

1. Entity Name

R.T. JOHNSON COMPANY, INC.

Principal Place of Business

~~2002 HOLLY LEAF LANE~~
ORANGE PARK FL 32073-5431

Mailing Address

~~2002 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

JOHNSON, RICHARD TERRY

~~2002 HOLLY LEAF LANE~~
ORANGE PARK FL

7. Name and Address of New Registered Agent

Name

JOHNSON, RICHARD TERRY

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

351 CROSSINGS BLVD, APT. #1316

City

ORANGE PARK, FL.

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

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D JOHNSON, RICHARD T. 351 CROSSINGS BLVD APT #1316 ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Richard T. Johnson

RICHARD T. JOHNSON 1/18/01 904-264-7255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)