## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## **DOCUMENT #** 454382

1. Entity Name

SIGNATURE:

R.T. JOHNSON COMPANY, INC.



## **FILED** Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90291 014 \*\*\*150.00

904-264-7255

Principal Plac 351 CROSSIN APT #1316 ORANGE PAR US 2. Principal P	igs blvd RK fl 32073	Mailing Address P.O. BOX 963 ORANGE PARK FL 32067-0963 US  3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State					E0-1E220C2		ied For Applicable	
Zip	Country		Zip (			ntry 5. C			5. Certificate of Status Desired		
	6. Name	Registered	Registered Agent				7. Name and Address of New Registered Agent				
						Name					
JOHNSON, RICHARD TERRY 351 CROSSING BLVD, APT #1316			•			Street Add	Address (P.O. Box Number is Not Acceptable)				
ORANGE PARK FL 32073						City Zip Code					
			,			ru					
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.											
CIONATI IDE											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
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.  45.00 May Be Added to Fees											
10.	OFFICERS AND DIRECTORS				11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHNSON, RICHARD T. 351 CROSSINGS BLVD APT #1316								☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I .			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change (	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I .			☐ Change (	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change [	Addition	
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.											