

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90469 001 ***150.00

DOCUMENT # 526730

1. Entity Name

BOB JOHNSON MASONRY, INC.

Principal Place of Business

3030 FERNWOOD DRIVE
BOYNTON BEACH FL 33435

Mailing Address

3030 FERNWOOD DRIVE
BOYNTON BEACH FL 33435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1707109

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, ROBERT
3030 FERNWOOD DRIVE
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

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

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

(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, 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

TITLE PD
NAME JOHNSON, ROBERT
STREET ADDRESS 3030 FERNWOOD DRIVE
CITY-ST-ZIP BOYNTON BEACH FL ☐ Delete

TITLE S
NAME JOHNSON, ARLENE
STREET ADDRESS 3030 FERNWOOD DRIVE
CITY-ST-ZIP BOYNTON BEACH FL ☐ Delete

TITLE D
NAME JOHNSON, ARLENE
STREET ADDRESS 3030 FERNWOOD DRIVE
CITY-ST-ZIP BOYNTON BEACH FL ☐ Delete

TITLE D
NAME SCHWERIN, GEORGENE
STREET ADDRESS 113 S.E. 31ST AVE.
CITY-ST-ZIP BOYNTON BEACH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

3/7/01 561-732-2705
Date Daytime Phone #

CR2E034 (10/00)