

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90051 030 ***150.00

DOCUMENT # 598744

1. Entity Name

JOHNSON'S AUTO CENTER, INC.

Principal Place of Business

**CORNER SR 100 EAST & 214
P.O. BOX 225
LAKE GENEVA FL 32160-0225**

Mailing Address

**CORNER SR 100 EAST & 214
P.O. BOX 225
LAKE GENEVA FL 32160-0225**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1873800

Applied For

Not Applicable

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

BURNEY, BIVENS, PA

1538 KINSLEY AVE

SUITE 118

ORANGE PARK FL 32073

Name

SCOTT TOWNSEND HUSTON

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

8041 State Road 100

City

Keystone Heights

FL

Zip Code

32656

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, 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 ☒ Delete

NAME **JOHNSON, JAMES G.**
STREET ADDRESS **6360 BAKER ROAD**
CITY-ST-ZIP **KEYSTONE HEIGHTS FL**

TITLE STD ☒ Delete

NAME **JOHNSON, MARLENE**
STREET ADDRESS **6360 BAKER ROAD**
CITY-ST-ZIP **KEYSTONE HTS. FL**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PTD ☐ Change ☐ Addition

NAME **SCOTT TOWNSEND HUSTON**
STREET ADDRESS **8041 State Road 100**
CITY-ST-ZIP **Keystone Heights, FL 32656**

TITLE VSD ☐ Change ☐ Addition

NAME **lisa dianne johnson huston**
STREET ADDRESS **8041 State Road 100**
CITY-ST-ZIP **Keystone Heights, FL 32656**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/02 352-473-9117

Date

Daytime Phone #

CR2E034 (9/01)