

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90188 050 ***150.00

DOCUMENT # F00000003718

1. Entity Name

JOHNNIE'S, INC.

Principal Place of Business

Mailing Address

P.O. BOX 5762
SCOTTSDALE AZ 85261

P.O. BOX 5762
SCOTTSDALE AZ 85261

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 68-0365332

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name BEATTIE, Richard P.
Street Address (P.O. Box Number is Not Acceptable)
1150 Tarpon Center Drive
Suite # 704
City Venice, FL Zip Code 34185

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BEATTIE, GLENN
STREET ADDRESS 6560 N. SCOTTSDALE ROAD
CITY-ST-ZIP SCOTTSDALE AZ 85261

TITLE PD ☒ Change ☐ Addition
NAME Beattie Glenn
STREET ADDRESS 2775 N. Highway 360
CITY-ST-ZIP Arlington, TX. 76011

TITLE VD ☐ Delete
NAME BEATTIE, RICHARD P
STREET ADDRESS 6560 N. SCOTTSDALE ROAD
CITY-ST-ZIP SCOTTSDALE AZ 85261

TITLE VD ☒ Change ☐ Addition
NAME Beattie, Richard P
STREET ADDRESS 1150 Tarpon Center Drive
CITY-ST-ZIP Venice, FL. 34185

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
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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

4-12-01

Date

480-483-0008

Daytime Phone #

CR2E034 (10/00)