## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOWJMENT # F9300001934 Mar 15, 2000 8:00 am 1. Entity Name **Secretary of State** JOHNSON MINING, INC. 03-15-2000 90113 021 \*\*\*150.00 Mailing Address Principal Place of Business 961 EAST MAIN STREET 961 East Main Street SPARTANBURG SC 29302 SPARTANBURG SC 29302-2149 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City, & State 4. FEI Number City & State 57-0966170 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. **PLANTATION FL 33324** 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 DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 39. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing "- Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition TITLE ☐ Delete TITLE 3 JOHNSON, STEWART H NAME NAME STREET ADDRESS 961 EAST MAIN STREET STREET ADDRESS CITY-ST-ZIP SPARTANBURG SC 29302 CITY-ST-ZIP ☐ Addition Change TITLE ☐ De'ete BREEDEN, DAN C JR. NAME STREET ADDRESS STREET ADDRESS 961 EAST MAIN STREET CITY-ST-ZIP CITY-ST-ZIP SPARTANBURG SC 29302 ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 13. Thereby 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

of the corporation or the receiver or trustee empowered to execute this report as required by changed, or on an attachment with an address, with all other like empowered and C. Breeden, In.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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