## 2004 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # G12540** 1. Entity Name EDWARD RUSSELL JOHNSTON REALTY, INC. 04-30-2001 90123 047 \*\*\*150.00 Principal Place of Business Mailing Address 531 N. CITRUS AVE. 531 N. CITRUS AVE. CRYSTAL RIVER FL 34428 - ~ + T O O O CRYSTAL RIVER FL 34428 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2242121 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSTON, EDWARD RUSSELL Street Address (P.O. Box Number is Not Acceptable) 531 N. CITRUS AVE. **CRYSTAL RIVER FL 34428** City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOWILL FEE IS \$150,00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$559.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition NAME JOHNSTON, EDWARD RUSSELL NAME STREET ADDRESS 531 N. CITRUS AVE. STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER FL CITY - ST - ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CHY ST-ZIF CITY-ST-Z:P TITLE ☐ Delete 71116 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

13. Thereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information 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 wered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 is indicated on this report or supple of the corporation or the receiver mental report istee emr owered to execute changed, or on an attack

NAME

TITLE

NAME

☐ Delete

powered

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

DWARD

CITY-ST-7iP

SIGNATU E AND T PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Daytime Phone #

☐ Change

Addition