

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90174 004 ***550.00

DOCUMENT # G42217

1. Entity Name
BUD JOHNSON CORPORATION

Principal Place of Business

10818 SW 188 ST
 17225 S.W. 84TH CT.
 MIAMI FL 33157
 US

Mailing Address

PO BOX 2160
 ALACHUA FL 32616

2. Principal Place of Business

366 Turkey Creek
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Alachua, FL

City & State

Alachua, FL

4. FEI Number

59-2294512

Applied For

Not Applicable

Zip

32615

Country

USA

Zip

32616

Country

USA

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

JOHNSON, LELAND
 17225 S.W. 84TH CT.
 MIAMI FL 33157

Name

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

366 Turkey Creek

City

Alachua

FL

Zip Code

32615

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-2-02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 D ☐ Delete
NAME JOHNSON, LELAND
STREET ADDRESS PO BOX 2160
CITY-ST-ZIP ALACHUA FL 32616

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

TITLE P ☐ Delete
NAME JOHNSON, LELAND V.
STREET ADDRESS PO BOX 2160
CITY-ST-ZIP ALACHUA FL 32616

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

Date

Daytime Phone #

8-2-02 (386) 462-4533

CR2E034 (4/02)