

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G57924**

1. Entity Name
JOHNSON ENTERPRISES OF NAPLES, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90012 038 ***150.00

Principal Place of Business 2354 IMMOKALEE RD. NAPLES FL 34110 US	Mailing Address 2354 IMMOKALEE RD. NAPLES FL 34110-1445 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1800 SILVER SANDS AVE. (EFFECTIVE MAY 1, 2000)	3. Mailing Address 1800 SILVER SANDS AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State NAPLES, FL	City & State NAPLES FL
Zip 34109	Zip 34109
Country	Country

4. FEI Number 59-2346713	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, NOLA ARLETTE
1800 SILVER SANDS AVE.
NAPLES FL ~~93942~~ **34109****

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	
TITLE DP	<input type="checkbox"/> Delete
NAME JOHNSON, ROBERT W	
STREET ADDRESS 1800 SILVER SANDS AVE	
CITY-ST-ZIP NAPLES FL 34109	
TITLE VST	<input type="checkbox"/> Delete
NAME JOHNSON, NOLA ARLETTE	
STREET ADDRESS 1800 SILVER SANDS AVE	
CITY-ST-ZIP NAPLES FL 34109	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Nola Arlette Johnson* **NOLA ARLETTE JOHNSON** Date: 4/16/00 Daytime Phone #: 941/597-1718

CR2E034 (9/99)