

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

2. Principal Place of Business

1800 SILVER SANDS AVE.
Suite, Apt. #, etc.
(EFFECTIVE MAY 1, 2000)

3. Mailing Address

1800 SILVER SANDS AVE.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

59-2346713

Applied For

Not Applicable

Zip

34109

Country

Zip

34109

Country

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, NOLA ARLETTE
1800 SILVER SANDS AVE.
NAPLES FL 34109

34109

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

4/16/00

941/597-1718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)