

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0096020 AV

DOCUMENT # H29791

1. Entity Name  
**DAVID JOHNSTON CORPORATION** *OUT AT*



FILED

03 MAR 12 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**636 DARCEY DR.**  
P.O. BOX 2703  
WINTER PARK FL 32792  
US

Mailing Address  
**636 DARCEY DR.**  
P.O. BOX 2703  
WINTER PARK FL 32792  
US



2. Principal Place of Business  
**636 DARCEY DR.**

3. Mailing Address  
**636 DARCEY DR.**

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Winter Park, FL.**

City & State  
**Winter Park, FL.**

Zip  
**32792**

Country  
**USA**

Zip  
**32792**

Country  
**USA**

4. FEI Number **59-2889900**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**WALKER, WILLIAM A. II**  
**250 PARK AVE S.**  
**6TH FLOOR**  
**WINTER PARK FL 32792**

7. Name and Address of New Registered Agent  
Name  
**DAVID A. Johnston**  
Street Address (P.O. Box Number is Not Acceptable)  
**636 DARCEY DR.**  
City  
**Winter Park** FL Zip Code  
**32792**

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 **DAVID A. Johnston** *David A. Johnston* **2/24/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, DAVID A.		NAME		
STREET ADDRESS	636 DARCEY DR		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, SARAH W.		NAME		
STREET ADDRESS	636 DARCEY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David A. Johnston*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/24/03**  
Date

**407-647-0538**  
Daytime Phone #

CR2E034 (10/02)