

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0096020 AV

FILED

03 MAR 12 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # H29791

1. Entity Name
DAVID JOHNSTON CORPORATION *DUAT*

Principal Place of Business
~~691 W. MORSE BLVD.~~ **636 DARCEY DR.**
~~P.O. BOX 2703~~
WINTER PARK FL ~~32790~~ **32792**
US

Mailing Address
~~691 W. MORSE BLVD.~~ **636 DARCEY DR.**
~~P.O. BOX 2703~~
WINTER PARK FL ~~32790~~ **32792**
US



2. Principal Place of Business
636 DARCEY DR.

3. Mailing Address
636 DARCEY DR.

Suite, Apt. #, etc.

City & State
Winter Park, FLA.

City & State
Winter Park, FLA.

Zip
32792 Country
USA

Zip
32792 Country
USA

CHECK HERE IF MAKING CHANGES

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 32789~~

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 G. Faluh* **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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSTON, DAVID A. 636 DARCEY DR WINTER PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOHNSTON, SARAH W. 636 DARCEY DRIVE WINTER PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	700014410167 03/20/03--01047--003 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 G. Faluh* **2/24/03** **407-647-0538**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)