

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90820 046 ***158.75

DOCUMENT # H71939

1. Entity Name

JOHNSON/PETERSON ARCHITECTS, INC.

Principal Place of Business

Mailing Address

**313 N. MONROE STREET
SUITE ONE
TALLAHASSEE FL 32301**

**313 N. MONROE STREET
SUITE ONE
TALLAHASSEE FL 32301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2550734**

Applied For
Not Applicable

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

**PATTERSON, JOHN
46 N. WASHINGTON BLVD
SUITE 1
SARASOTA FL 34236**

Name

Mark Levine

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

245 E. Virginia Street

City

Tallahassee

FL

Zip Code

32301

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]

(NOTE: Registered Agent signature required when re-appointing)

DATE

4/27/01

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, 2001 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	CTD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, IVAN E III	
STREET ADDRESS	313 N. MONROE ST., SUITE ONE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PSD	<input checked="" type="checkbox"/> Delete
NAME	PETERSON, GUY W	
STREET ADDRESS	1234 FIRST STREET	
CITY-ST-ZIP	SARASOTA FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson, Ivan E. III	
STREET ADDRESS	313 N. Monroe, Ste. 1	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathryn Stivers	
STREET ADDRESS	313 N. Monroe, Ste. 1	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elyse Brodeur	
STREET ADDRESS	313 N. Monroe, Ste. 1	
CITY-ST-ZIP	Tallahassee, FL 32301	
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)