

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90230 031 ***150.00

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DOCUMENT # H76505

1. Entity Name
JOHNSON-WELTY CORPORATION



Principal Place of Business
17720 N.W. 67TH AVE., #416
MIAMI FL 33015
US

Mailing Address
P.O. BOX 170428
MIAMI FL 33017-0428

NEW

2. Principal Place of Business

SAME

3. Mailing Address

17720 NW 67 AVE #416

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#416

City & State

City & State

MIAMI FLORIDA

Zip

Country

Zip

Country

33015

USA

4. FEI Number

59-2584085

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 - Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, DAVID R
17720 N.W. 67TH AVE., #416
MIAMI FL 33015

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 officer or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

DAVID R. JOHNSON

David R. Johnson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 **PSD** ☐ Delete
NAME **JOHNSON, DAVID R**
STREET ADDRESS **17720 N.W. 67TH AVE., #416**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 R. JOHNSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03

786-546-2900

DATE

Daytime Phone #

CR2E034 (10/02)