

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90342 002 ***150.00

DOCUMENT # J95086

1. Entity Name

S.W. JOHNSON INVESTMENTS, INC.

Principal Place of Business

**2107 CALUSA LAKES BLVD
 NOKOMIS FL 34275
 US**

Mailing Address

**2107 CALUSA LAKES BLVD
 NOKOMIS FL 34275
 US**



2. Principal Place of Business

**2477 Stickney Point Road
 Suite, Apt. #, etc.
 205-B**

3. Mailing Address

**2477 Stickney Point Road
 Suite, Apt. #, etc.
 205-B**

DO NOT WRITE IN THIS SPACE

City & State

Sarasota, Florida

City & State

Sarasota, Florida

4. FEI Number

65-0007598

Applied For

Not Applicable

Zip

Country

34231

USA

Zip

Country

34231

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, SHERELL W
 2107 CALUSA LAKES BLVD
 NOKOMIS FL 34275**

7. Name and Address of New Registered Agent

Name

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

2477 Stickney Point Road

Suite 205-B

City

Sarasota

FL

Zip Code

34231

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, 2002 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

TITLE **PD** ☐ Delete
 NAME **JOHNSON, SHERELL W.**
 STREET ADDRESS **2107 CALUSA LAKES BLVD.**
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2477 Stickney Point Road, Suite 205-B**
 CITY-ST-ZIP **Sarasota, Florida 34231**

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

TITLE ☐ Change ☐ Addition
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 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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHERELL W. JOHNSON

4/12/02

Date

941-929-9099

Daytime Phone #

CR2E034 (9/01)