

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90388 032 \*\*\*\*50.00

DOCUMENT # L01000021492

1. Entity Name

JOHNSON INVESTMENTS, L.L.C.

**DO NOT WRITE IN THIS SPACE**

955819

2. Principal Place of Business

2859 4<sup>th</sup> Ave. N.

3. Mailing Address

2859 4<sup>th</sup> Ave. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33713

Country

USA

Zip

33713

Country

USA

4. FEI Number

01-0656121

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Alan S. Gassman

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

1245 Court Street, Suite 102

City

Clearwater

FL

Zip Code

33756

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MBR
NAME	Charles V. Johnson
STREET ADDRESS	1992 41 <sup>st</sup> St. N.
CITY-ST-ZIP	St. Petersburg, FL 33713
TITLE	MGR
NAME	Kipp C. Johnson
STREET ADDRESS	2859 4 <sup>th</sup> Ave. N.
CITY-ST-ZIP	St. Petersburg, FL 33713
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

CR2E083B (12/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

KC Johnson

4/30/02

(727)323-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #