FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90694 009 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000012683

30068542

1. Entity Name
JOHNSTON & JOHNSTON, LLC

Principal Place of Business	Mailing Address
1425 ROSADA WAY FORT MYERS, FL 33901	1425 ROSADA WAY FORT MYERS, FL 33901

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
16603 OLD US 41		16603 OLD US 41	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: FORT MYERS, FL		City & State: FORT MYERS, FL	
Zip: 33912	Country: US	Zip: 33912	Country: US

4. FEI Number: 33-1008067 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSTON, THEODORE 1425 ROSADA WAY FORT MYERS, FL 33901	Name: Street Address (P.O. Box Number is Not Acceptable): 1203 WALDEN DRIVE City: FL Zip Code:

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 ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOHNSTON, RICHARD 1425 ROSADA WAY FORT MYERS, FL 33901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD JOHNSTON, THEODORE 1203 WALDEN DRIVE FORT MYERS, FL 33901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Richard C. Johnston 4-29-03 239-415-1059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

RICHARD C JOHNSTON

CR2E083 (10/02)