

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38651

1. Entity Name

JOHNSON-BRINSON PROJECT, INC.

Principal Place of Business

1534 S.W. PARRAMORE ST
MADISON FL 32340
US

Mailing Address

P. O. DRAWER 590
MADISON FL 32341-0590
US

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

65-0232935

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

DUKES, DAVID
1534 S.W. PARRAMORE ST
MADISON FL 32340

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 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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME TOOKES, OCTAVIOUS L
STREET ADDRESS 1534 SW PARRAMORE ST
CITY-ST-ZIP MADISON FL

TITLE ☒ Change ☐ Addition
NAME TOOKES, OCTAVIOUS L
STREET ADDRESS 1534 SW PARRAMORE ST
CITY-ST-ZIP MADISON, FL 32340

TITLE D ☒ Delete
NAME FRAZIER, WINDFORD
STREET ADDRESS 1534 SW PARRAMORE ST
CITY-ST-ZIP MADISON FL

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

TITLE DPC ☐ Delete
NAME DUKES, DAVID
STREET ADDRESS 1534 S.W. PARRAMORE ST
CITY-ST-ZIP MADISON FL

TITLE ☒ Change ☐ Addition
NAME D P
STREET ADDRESS 1534 SW PARRAMORE ST
CITY-ST-ZIP MADISON, FL 32340

TITLE DS ☐ Delete
NAME TURNER, EDNA
STREET ADDRESS 1208 S.E. THOMPSON ST
CITY-ST-ZIP MADISON FL

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

TITLE D ☐ Delete
NAME ANDREWS, JENNY
STREET ADDRESS 1534 SW PARRAMORE ST
CITY-ST-ZIP MADISON FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Dukes

Date

Daytime Phone #

4-19-2000



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)