

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 13, 2001 8:00 am**
Secretary of State

02-13-2001 90067 003 ***150.00

002701

DOCUMENT # P000000Q7442

1. Entity Name

ALLEN JOHNSON ENTERPRISES, INC.

Principal Place of Business

**9104 CYPRESS GREEN DRIVE
JACKSONVILLE FL 32256**

Mailing Address

**9104 CYPRESS GREEN DRIVE
JACKSONVILLE FL 32256****920198**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2934 Philips Hwy

Suite, Apt. #, etc.

3. Mailing Address

2934 Philips Highway

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3635086

Applied For

Not Applicable.

Zip

32207

Country

US

Zip

32207

Country

US5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**TULLIS, GARY B ESQ.
9104 CYPRESS GREEN DRIVE
JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

Name

Cathy B. Gooding

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

14517 Greenover Lane

City

Jacksonville**FL**

Zip Code

32258

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)

1/25/01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PSD			
	JOHNSON, ALLEN			
	9252 SAN JOSE BLVD. NO. 3001			
	JACKSONVILLE FL 32257			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE:

Allen Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/25/01**

Date

(904)398-2330

Daytime Phone #

CR2E034 (10/00)