

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90358 006 ***150.00

DOCUMENT # P00000014444

1. Entity Name

CGJ, INC.

Principal Place of Business

359 SOUTH COCONUT PALM BLVD.
TAVERNIER FL 33070

Mailing Address

359 SOUTH COCONUT PALM BLVD.
TAVERNIER FL 33070

2. Principal Place of Business

149 INDIAN MOUND TRAIL

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 311

Suite, Apt. #, etc.

City & State

TAVERNIER FL

Zip

33070

Country

USA

City & State

TAVERNIER FL

Zip

33070

Country

USA

4. FEI Number

65-0987882

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZIEGLER, S. HARVEY ESQ
359 SOUTH COCONUT PALM BLVD.
TAVERNIER FL 33070

7. Name and Address of New Registered Agent

Name

CLIFF JOHNSON

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

149 INDIAN MOUND TRAIL

City

TAVERNIER

FL

Zip Code

33070

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

Cliff Johnson
Signature, typed or printed name of registered agent and title if applicable.

CLIFF JOHNSON

(NOTE: Registered Agent signature required when reinstating)

April 23/01

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESIDENT
STREET ADDRESS	CLIFFORD D. JOHNSON
CITY-ST-ZIP	149 INDIAN MOUND TRAIL TAVERNIER, FL 33070
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICE PRESIDENT
STREET ADDRESS	CARLA L. JOHNSON
CITY-ST-ZIP	149 INDIAN MOUND TRAIL TAVERNIER FL 33070
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 all other like empowered.

SIGNATURE:

Cliff Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLIFF JOHNSON

4/23/01

Date

305-393-2429

Daytime Phone #

CR2E034 (10/00)