

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 00000034715

1. Entity Name

TAPCON INVESTMENT CORPORATION

Principal Place of Business

Mailing Address

5323 SUMMERLIN RD.

SAME

215

FT. MYERS, FL. 33919

2. Principal Place of Business

5323 SUMMERLIN RD

3. Mailing Address

SAME

Suite, Apt. #, etc.

APT. 15

Suite, Apt. #, etc.

City & State

FORT MYERS, FL.

City & State

4. FEI Number

45-1009375

Applied For

Not Applicable

Zip

33919

Country

Zip

Country

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

THOMAS D. JOHNSON
13451 MCGREGOR BLVD N 3,
FT. MYERS, FL. 33919

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STP
JOHNSON, THOMAS D.
5323 SUMMERLIN RD. 215
FT. MYERS, FL. 33919

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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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:

THOMAS D. JOHNSON Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01

Date

Daytime Phone #

941-448-

1239

C0042926

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)