

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90291 019 ***150.00

0566474 AV

DOCUMENT # P00000082832

1. Entity Name
THOMAS R. JOHNSON SR. INC.

Principal Place of Business
5502 QUEEN VICTORIA DR
LEESBURG FL 34748

Mailing Address
5502 QUEEN VICTORIA DR
LEESBURG FL 34748



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6342 BERKSHIRE PASS

6342 BERKSHIRE PASS

City & State
LEESBURG FL

City & State
LEESBURG FL

4. FEI Number **59-3616473**

Applied For
☐ **Not Applicable**

Zip **34748** **Country** **LAKE**

Zip **34748** **Country** **LAKE**

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

JOHNSON, THOMAS R SR
5502 QUEEN VICTORIA DR
LEESBURG FL 34748

Name
THOMAS R JOHNSON, SR.
Street Address (P.O. Box Number is Not Acceptable)

6342 BERKSHIRE PASS
City **LEESBURG** **FL** **Zip Code** **34748**

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 *Thomas R Johnson, Sr.*

DATE **3-3-02**

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, 2002 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 **P** ☐ **Delete**
NAME **JOHNSON, THOMAS R**
STREET ADDRESS **5502 QUEEN VICTORIA DR**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE ☐ **Change** ☐ **Addition**
NAME **6342 BERKSHIRE PASS**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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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 *Thomas R Johnson, Sr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3-3-02** **Daytime Phone #** **352 3148916**

CR2E034 (9/01)