

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
 04-04-2001 90138 042 ***150.00

0394593

DOCUMENT # P00000095636

1. Entity Name
JOHNSON PLASTICS, INC.

Principal Place of Business Mailing Address
725 SEESAME CT. 725 SEESAME CT.
CAPE CORAL FL 33904 CAPE CORAL FL 33904

D0031109



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1063403		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WRIGHT, CHRISTINE F ESQ. 1105 CAPE CORAL PKWY EAST., SUITE C CAPE CORAL FL 33904				7. Name and Address of New Registered Agent Name Jodi A. Johnson Street Address (P.O. Box Number is Not Acceptable) 725 Seesame Court City CAPE Coral FL Zip Code 33904			
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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 *Jodi A. Johnson* **2-19-01**
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT <input type="checkbox"/> Delete	NAME Jodi A. Johnson	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 725 Seesame Court		NAME	
CITY-ST-ZIP CAPE CORAL FL 33904		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Jodi A. Johnson* **2-19-01** **9415409670**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)