

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91343 042 ***150.00

DOCUMENT # P01000012229

1. Entity Name

D. W. JOHNSON ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11643 AARON ROAD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32218

Country

DUVAL

3. Mailing Address

11643 AARON ROAD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32218

Country

DUVAL

4. FEI Number

59-3698156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DONALD W. JOHNSON

Street Address (P.O. Box Number is Not Acceptable)
11643 AARON ROAD

City JACKSONVILLE

FL

Zip Code 32218

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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 D/P/T/S
NAME DONALD W. JOHNSON
STREET ADDRESS 11643 AARON ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE VP
NAME CAROLYN H. JOHNSON
STREET ADDRESS 11643 AARON ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32218

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald W. Johnson

DONALD W. JOHNSON/PRESIDENT

(904) 241-2533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)