

2002 UNIFORM BUSINESS REPORT (UBR)

2/11/02

FILED
Jul 04, 2002 8:00 am
Secretary of State

02-11-2002 90152 017 ***150.00

DOCUMENT # P01000052337

1. Entity Name
WILLIAM JOHNSON & CO. INC

Principal Place of Business
**906 LITTLE BEND RD
ALTAMONTE SPRINGS FL 32714**

Mailing Address
**906 LITTLE BEND RD
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business
906 Little Bend Rd
Suite, Apt. #, etc.

3. Mailing Address
PO Box 163093
Suite, Apt. #, etc.

City & State
Altamonte Springs, FL
Zip
32714
Country
Seville

City & State
Altamonte Springs
Zip
32716
Country
Seville

4. FEI Number
59 3718994

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, WILLIAM
906 LITTLE BEND RD
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSON, WILLIAM 906 LITTLE BEND RD ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JOHNSON, DEBORAH 906 LITTLE BEND RD ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/02
Date

407-788-9213
Daytime Phone #

CR2E034 (9/01)

June 28, 02

Attachment

37701

Wm Johnson + Co, Inc

PO BOX 163093

Altamonte Springs, FL 32716

Genl Dept of St.

Division of Corp.

Reference # PO1000052337

To Whom it may concern:

Enclosed please find the form that was sent back to us in Feb, we never received it until today. There would have been no reason for us not to send this back to you, for we sent this in way before the due date. Obviously it had got put some where & it just found its way back to us. Please see I have filled out the # requested & make the proper adjustments. We are still operating and I don't want to have any