

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90178 013 ***150.00

DOCUMENT # P01000057180

1. Entity Name
JOHNSTON & JOHNSTON OF CHARLOTTE, INC.

Principal Place of Business
C/O ACCOUNTING CONSULTANTS, INC.
5401 CENTRAL AVENUE
ST PETERSBURG FL 33710

Mailing Address
C/O ACCOUNTING CONSULTANTS, INC.
5401 CENTRAL AVENUE
ST PETERSBURG FL 33710



2. Principal Place of Business
Johnston & Johnston of Charlotte, Inc.
d/b/a Daily News Deli & Grille
501 N. Orlando Ave. #231
Winter Park, FL 32789

3. Mailing Address
Johnston & Johnston of Charlotte, Inc.
d/b/a Daily News Deli & Grille
501 N. Orlando Ave. #231
Winter Park, FL 32789

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3256635

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCATEE, CAROL
C/O ACCOUNTING CONSULTANTS, INC.
5401 CENTRAL AVENUE
ST PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name
DAVID JOHNSTON
 Street Address (P.O. Box Number is Not Acceptable)
310 S THORNTON LANE
 City
ORLANDO FL Zip Code
32803

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 DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	PACS DAVID JOHNSTON 310 S. THORNTON LANE ORLANDO, FL 32803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TRL'S TOMMYA JOHNSTON 310 S. THORNTON LANE ORLANDO, FL 32803	<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

14 April 02 **644-6282**
 Day Daytime Phone #

CR2E034 (9/01)