

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000061134

1. Entity Name

ANJOHNSTON AND ASSOCIATES, INC.

Principal Place of Business

1547 SOUTHEAST BALLANTRAE COURT
PORT ST. LUCIE FL 34952

Mailing Address

1547 SOUTHEAST BALLANTRAE COURT
PORT ST. LUCIE FL 34952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

25-1118315

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

JOHNSTON, CHARLES N
1547 SOUTHEAST BALLANTRAE COURT
PORT ST. LUCIE FL 34952

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 Agents 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

D
JOHNSTON, CHARLES N
1547 SOUTHEAST BALLANTRAE COURT
PORT ST. LUCIE FL 34952

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
JOHNSTON, ANITA F
1547 SOUTHEAST BALLANTRAE COURT
PORT ST. LUCIE FL 34952

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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:

Charles N. Johnston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02 (772) 337-4140

Date

Daytime Phone

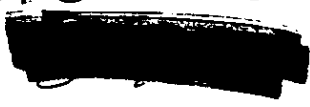
CR2034 (9/01)

FILED
Jun 02, 2002 8:00 am
Secretary of State

04-18-2002 90488 018 ***150.00



DO NOT WRITE IN THIS SPACE

Attachment doc# 33634
P01000061134


70 590407

May 9, 2002

101000061134

Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Reference Number: P01000061134

Enclosed is a corrected Uniform Business Report with the corrected Federal Employer Identification Number.

Please let us know if further information is required.

Sincerely,



ANJohnston and Associates, Inc.

101000061134

Attachment