2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State
04-18-2002 90488 018 ***150.00

DOCUMENT # P01000061134

1. Entity Name
ANJOHNSTON AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1547 SOUTHEAST BALLANTRAE COURT PORT ST. LUCIE FL 34952	1547 SOUTHEAST BALLANTRAE COURT PORT ST. LUCIE FL 34952

DO NOT WRITE IN THIS SPACE

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 65-1118315 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 ________ 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		
D JOHNSTON, CHARLES N 1547 SOUTHEAST BALLANTRAE COURT PORT ST. LUCIE FL 34952	☐ Delete
D JOHNSTON, ANITA F 1547 SOUTHEAST BALLANTRAE COURT PORT ST. LUCIE FL 34952	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition

CR2E034 (9/01)

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 4/9/02 (772) 337-4140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment Doc#333634
#P01000061134

[redacted]

May 9, 2002

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,

Charles N. Johnston

ANJohnston and Associates, Inc.

Attachment