

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

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90139 026 ***150.00

DOCUMENT # P01000108957

1. Entity Name

BILL JOHNSTON AUTO SALES, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PO Box 348

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Fort Lauderdale

City & State

FBI Number

84-3607452

Applied For

Not Applicable

Zip

33302

Country

FLORIDA

Zip

Country

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

7. Name and Address of Current Registered Agent

Name Subramanian Associates P/A

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

2632 University Drive

City ORLANDO

FL

Zip Code 32805

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

Date

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE * PVST
NAME WILLIAM T. JOHNSTON
STREET ADDRESS PO Box 348
CITY-ST-ZIP Fort Lauderdale FL 33302

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12. 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 10 or on an attachment with an address, with authority like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM T. JOHNSTON

5/21/03 954 227-4288

Date

Daytime Phone #

CR2E034B (12/02)