

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

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90036 018 ***150.00

DOCUMENT # **P01000115706**

1. Entity Name

JOHNSON CONSIGLIO & ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14487 Chesham Court

3. Mailing Address
PO Box 24483

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State:
Jacksonville, Florida

City & State
Jacksonville, Florida

4. FEI Number
59-3760146

Applied For
Not Applicable

Zip
32258

Country
U.S.

Zip
32241

Country
U.S.

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
John F. Tolson, Jr.

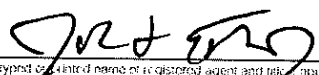
Street Address (P.O. Box Number is Not Acceptable)
462 Kingsley Ave., Suite 101

City
Orange Park

FL

Zip Code
32073

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 fee application.

(NOTE: Registered Agent signature required when reinstating)

4/29/02
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
D/P
Ron Paul Johnson
STREET ADDRESS
14487 Chesham Ct.
CITY-ST-ZIP
Jacksonville, FL 32258

TITLE
NAME
D/S/T
Karen L. Consiglio
STREET ADDRESS
14487 Chesham Ct.
CITY-ST-ZIP
Jacksonville, FL 32258

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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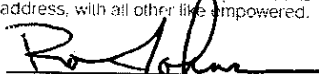
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  President, Ron Paul Johnson

4/29/02 (904) 880-1851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)