

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

01-17-2003 90106 010 ***150.00

DOCUMENT # P02000015005

1. Entity Name
DENNIS E. JOHNSON, PA



Principal Place of Business
48 BOUNDARY BLVD., APT. 7
ROTONDA WEST FL 33947

Mailing Address
48 BOUNDARY BLVD., APT. 7
ROTONDA WEST FL 33947

2. Principal Place of Business
568 McCabe St
Suite, Apt. #, etc.

3. Mailing Address
568 McCabe St
Suite, Apt. #, etc.

City & State
Port Charlotte, FL

City & State
Pt. Charlotte, FL

Zip 33953 **Country** USA

Zip 33953 **Country** USA

4. FEI Number
01-0610777

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

6. Name and Address of Current Registered Agent
JOHNSON, DENNIS
48 BOUNDARY BLVD., APT. 7
ROTONDA WEST FL 33947

7. Name and Address of New Registered Agent
Name Dennis Johnson
Street Address (P.O. Box Number is Not Acceptable)
568 McCabe St
City Port Charlotte **FL** **Zip Code** 33953

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 *Dennis Johnson* **DATE** 1/14/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, DENNIS 48 BOUNDARY BLVD., APT. 7 ROTONDA WEST FL 33947	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dennis Johnson 568 McCabe St Port Charlotte, FL 33953	<input checked="" 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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dennis Johnson* **DATE** 1/14/03 **Daytime Phone #** 941-235-2313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)