

FILED  
Feb 21, 2003 8:00 am  
Secretary of State

02-05-2003 90104 011 \*\*\*150.00

2/5

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000048542

1. Entity Name

GENE JOHNSON, INC.



Principal Place of Business

4 MILTON ST  
ST AUGUSTINE FL 32804

Mailing Address

4 MILTON ST  
ST AUGUSTINE FL 32804

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

02-0596565

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DUNLAP, III, LUTHER D

4 MILTON ST

ST AUGUSTINE FL ~~32804~~ 32084

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. 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

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 **CMO**  
NAME DUNLAP, III, LUTHER D  
STREET ADDRESS 4 MILTON ST  
CITY-ST-ZIP ST AUGUSTINE FL ~~32804~~ 32084 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **CTO**  
NAME **SCOTT M. BEASON**  
STREET ADDRESS **2352 COMMODORES BLVD.**  
CITY-ST-ZIP **ST. AUGUSTINE, FL 32084.** ☐ Change ☒ Addition

TITLE **CEO**  
NAME **SUSANNA LAMERS**  
STREET ADDRESS **311 HALE DR.**  
CITY-ST-ZIP **THIBODAUX, LA 70301** ☐ Change ☒ Addition

TITLE **CTA**  
NAME **ROBERT COMPTON**  
STREET ADDRESS **9318 NE 128th LANE**  
CITY-ST-ZIP **KICKLAND, WA 98034** ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)