

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90002 041 ***150.00

UBR-1 A1

DOCUMENT # P93000051203

1. Entity Name

CUSTOM HOMES BY PRESTON JOHNSON, INC.

Principal Place of Business

**82 US 90 EAST
 BALDWIN FL 32234
 US**

Mailing Address

**82 US 90 EAST
 BALDWIN FL 32234
 US**

2. Principal Place of Business

82 US 90 EAST
 Suite, Apt. #, etc.

3. Mailing Address

82 US 90 EAST
 Suite, Apt. #, etc.

City & State
BALDWIN, FL

Zip
32234 Country **US**

City & State
BALDWIN, FL

Zip
32234 Country **US**

4. FEI Number

59-3194042

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, PRESTON
 121 BRANDY BRANCH RD
 BALDWIN FL 32234**

7. Name and Address of New Registered Agent

Name **Preston Johnson**
 Street Address (P.O. Box Number is Not Acceptable)
82 US 90 EAST
 City **Baldwin** FL **32234**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **P** ☐ Delete
 NAME **JOHNSON, PRESTON**
 STREET ADDRESS **82 US 90 EAST**
 CITY-ST-ZIP **BALDWIN FL**

TITLE **V** ☐ Delete
 NAME **JOHNSON, JOANN**
 STREET ADDRESS **82 US 90 EAST**
 CITY-ST-ZIP **BALDWIN FL**

TITLE **V** ☐ Delete
 NAME **JOHNSON, BRIAN**
 STREET ADDRESS **82 US 90 EAST**
 CITY-ST-ZIP **BALDWIN FL**

TITLE **V** ☐ Delete
 NAME **JOHNSON, COREY**
 STREET ADDRESS **82 US 90 EAST**
 CITY-ST-ZIP **BALDWIN FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
 NAME **Sec JOANN JOHNSON**
 STREET ADDRESS **82 US 90 Baldwin, FL** **32234**
 CITY-ST-ZIP

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)