

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000008476

1. Entity Name

BILL JOHNSON SALES, INC.

**FILED**  
**Sep 14, 2000 8:00 am**  
**Secretary of State**

09-14-2000 90017 030 \*\*\*550.00

Principal Place of Business

411 LAUREL COVE WAY  
WINTER HAVEN FL 33884

Mailing Address

P.O. BOX 632  
WINTER HAVEN FL 33882

2. Principal Place of Business

3390 LAKEVIEW DRIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL

City & State

Zip

33884

Country

Zip

Country

4. FEI Number

59-3229240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, WILLIAM F JR.  
411 LAUREL COVE WAY  
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

Name

JOHNSON, WILLIAM F JR.

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

3390 LAKEVIEW DRIVE

City

WINTER HAVEN

FL

Zip Code

33884

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

*William F. Johnson Jr.*

WILLIAM F. JOHNSON, JR. President

9/11/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PSTD  
NAME JOHNSON, WILLIAM F JR.  
STREET ADDRESS 411 LAUREL COVE WAY  
CITY-ST-ZIP WINTER HAVEN FL 33884

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD  
NAME JOHNSON, WILLIAM F. JR.  
STREET ADDRESS 3390 LAKEVIEW DRIVE  
CITY-ST-ZIP WINTER HAVEN, FL 33884

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*William F. Johnson Jr.*

WILLIAM F. JOHNSON, JR. Pres.

Date

9/11/00

Daytime Phone #

863-318-1367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)