

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90183 035 ***150.00

DOCUMENT # P94000008476

1. Entity Name
BILL JOHNSON SALES, INC.

Principal Place of Business
3390 LAKEVIEW DRIVE
WINTER HAVEN FL 33884

Mailing Address
P.O. BOX 632
WINTER HAVEN FL 33882

00052166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2126 E. Edgewood PR.
 Suite, Apt. #, etc.
SUITE 13

3. Mailing Address
P.O. BOX 6238
 Suite, Apt. #, etc.

City & State
LAKEland, FL.

City & State
LAKEland, FL

4. FEI Number **59-3229240**

Applied For
 Not Applicable

Zip **33803** Country **USA**

Zip **33807** Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, WILLIAM F JR.
3390 LAKEVIEW DRIVE
WINTER HAVEN FL 33884

Name **William F. JOHNSON, JR**

Street Address (P.O. Box Number is Not Acceptable)
6747 NEILS WAY

City **LAKEland, FL** Zip Code **33813**

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** 4/28/01
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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PSTD** ☒ Change ☐ Addition
 NAME **JOHNSON, William F. JR**
 STREET ADDRESS **6747 NEILS WAY**
 CITY-ST-ZIP **LAKEland, FL 33813**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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.* **W. William F. JOHNSON, JR** 4/28/01 **863-666-9666**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)