

FILED
Jun 30, 2002 8:00 am
Secretary of State

04-15-2002 90008 042 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000010330

1. Entity Name

JOHNSON CONCEPTS, INC.

Principal Place of Business

6102 NW 19TH ST
MARGATE FL 33063
US

Mailing Address

6102 NW 19TH ST
MARGATE FL 33063
US

2. Principal Place of Business

6102 NW 19TH ST
Suite, Apt. #, etc.

3. Mailing Address

6102 NW 19TH ST
Suite, Apt. #, etc.

City & State

Margate FL

City & State

Margate FL

Zip

33063

Country

Broward USA

Zip

33063

Country

USA

4. FEI Number

65-047-3899

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, JOSEPH J

6101 NW 19TH ST
MARGATE FL 33063

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 releasing)

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

NAME

JOHNSON, JOSEPH J

STREET ADDRESS

8911 NW 1ST. STREET

CITY-ST-ZIP

CORAL SPRINGS FL 33071

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

95521

DO NOT WRITE IN THIS SPACE



CR2E034 (9/01)

JOHNSON CONCEPTS
6102 NW 19TH ST.
MARGATE, FL 33063
954-974-0116
MOBILE: 954-410-1298

Attachment

95521

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June 24, 2002

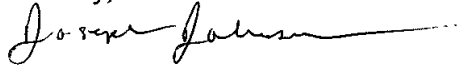
Florida State Department
Attn: Katherine Harris
Secretary of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Ms. Harris,

My name is Joseph J. Johnson I am the President of Johnson Concepts. I am writing to apologize for the filing of the Uniform Business Report not being sent to you in complete form. I have attached the letter your office sent on May 29th with the information you requested and again apologize for any inconvenience to you and your staff.

Information that was required for Johnson Concepts was the FEI # which is 65-0473899. Which is also on the attached paper work. Thank you again for you time.

Sincerely,



Joseph J. Johnson
President
Johnson Concepts

JJ/mbf