

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90307 028 ***150.00

0691179
FB

DOCUMENT # P94000026977

1. Entity Name
E. JOHNSON CARPENTRY, INC.



Principal Place of Business
3901 DR M.L.K.BLVD
SUITE 122
FORT MYERS FL 33916
US

Mailing Address
DR M.L.K BLVD
SUITE 122
FORT MYERS FL 33916
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

114

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

Fort Myers F.L.

4. FEI Number

65-0473928

Applied For

Not Applicable

Zip

Country

Zip

Country

33916

Lee

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, ELMER SR.
3033 THOMAS STREET
FORT MYERS FL 33916

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 *Elmer Johnson Sr.*

President

4-27-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, ELMER SR.	
STREET ADDRESS	3033 THOMAS STREET	
CITY-ST-ZIP	FORT MYERS FL 33916	
TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSON, ELMER	
STREET ADDRESS	3033 THOMAS ST	
CITY-ST-ZIP	FT MYERS FL 33916	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BROUGHTON, MAE FRANCES	
STREET ADDRESS	3033 THOMAS ST	
CITY-ST-ZIP	FT MYERS FL 33916	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNS, JENNIFER	
STREET ADDRESS	3033 THOMAS ST	
CITY-ST-ZIP	FT MYERS FL 33916	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOHNSON, J	
STREET ADDRESS	3033 THOMAS ST	
CITY-ST-ZIP	FT MYERS FL 33916	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Elmer Johnson Sr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-03

337-7754

Date

Daytime Phone #

CR2E034 (10/02)