

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90007 014 \*\*\*150.00

**00023987**

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P94000046035</b> ✓			
1. Entity Name <b>Johnsen + Ferrell Development Corporation</b>			
Principal Place of Business <b>16 N. Clyde Ave.</b>		Mailing Address <b>Kissimmee, FL 34741</b>	
2. Principal Place of Business <b>123 S. Clyde Ave</b>		3. Mailing Address <b>123 S. Clyde Ave</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Kissimmee, FL</b>		City & State <b>Kissimmee, FL</b>	
Zip <b>34741</b>	Country <b>USA</b>	Zip <b>34741</b>	Country <b>USA</b>
4. FEI Number <b>59 3255253</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>Thomas Johnsen</b> <b>3379 W. Vine Street, STE 307</b> <b>Suite 309</b> <b>Kissimmee, FL 34741</b>		7. Name and Address of New Registered Agent Name <b>Thomas Johnsen</b> Street Address (P.O. Box Number is Not Acceptable) <b>123 S. Clyde Avenue</b> City <b>Kissimmee</b> <b>FL</b> Zip Code <b>34741</b>	
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 _____ (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) <input type="checkbox"/>		<div style="border: 1px solid black; padding: 2px;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 11, 2001 Fee will be \$650.00</b>  <b>Make Check Payable to Department of State</b> </div>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>x [Signature]</b>		Date <b>3/1/01</b> Daytime Phone # <b>407-847-2111</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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