

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State
 02-13-2001 90042 047 ***150.00

DOCUMENT # P94000048410

1. Entity Name

JOHNSON AND COLLIER ENTERPRISES, INC.

Principal Place of Business

RT 1 BOX 123
 BLOUNTSTOWN FL 32424
 US

Mailing Address

RT 1 BOX 123
 BLOUNTSTOWN FL 32424
 US

2. Principal Place of Business

17617 SR 20 W

Suite, Apt. #, etc.

Suite 5

City & State

Blountstown, FL

Zip

32424

Country

US

3. Mailing Address

17617 SR 20 W

Suite, Apt. #, etc.

Suite 5

City & State

Blountstown, FL

Zip

32424

Country

US

6. Name and Address of Current Registered Agent

COLLIER, BARBARA H.
 19588 SW SEMINOLE LANE
 BLOUNTSTOWN FL 32424

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.

SIGNATURE

Barbara H. Collier

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02-08-01

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

TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSON, AMY C.	
STREET ADDRESS	RT. 2, BOX 814	
CITY-ST-ZIP	BLOUNTSTOWN FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOHNSON, TODD A.	
STREET ADDRESS	RT. 2 BOX 814	
CITY-ST-ZIP	BLOUNTSTOWN FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COLLIER, MARK D.	
STREET ADDRESS	19588 SW SEMINOLE LANE	
CITY-ST-ZIP	BLOUNTSTOWN FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	COLLIER, BARBARA	
STREET ADDRESS	19588 SW SEMINOLE LANE	
CITY-ST-ZIP	BLOUNTSTOWN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 info empowered.

SIGNATURE:

Barbara H. Collier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara H. Collier

02-08-01

Date

850-674-4474

Daytime Phone #

CR2E034 (10/00)