

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90156 004 ***150.00

DOCUMENT # P94000059307

1. Entity Name

DON JOHNSON GUNSMITHING, INC.

Principal Place of Business

3816 EXCHANGE AVE
NAPLES FL

Mailing Address

3816 EXCHANGE AVE
NAPLES FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0507933

Applied For

Not Applicable

Zip

Country

Zip

Country

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, DONALD A
3318 EXCHANGE AVE.
NAPLES FL

Name WILLIAMS, LARRY M.

Street Address (P.O. Box Number is Not Acceptable)
260 LOGAN BLVD. N.

NAPLES

City

FL

Zip Code 34119

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.

LARRY M. WILLIAMS

(NOT: Registered Agent signature required when reinstating)

2/5/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME JOHNSON, DONALD A
STREET ADDRESS 3818 EXCHANGE AVE.
CITY-ST-ZIP NAPLES FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DS
NAME JOHNSON, PEGGY L
STREET ADDRESS 3818 EXCHANGE AVE.
CITY-ST-ZIP NAPLES FL ☒ Delete

TITLE DS
NAME WILLIAMS, BARBARA A.
STREET ADDRESS 260 LOGAN BLVD. N.
CITY-ST-ZIP NAPLES, FL 34119 ☐ Change ☒ Addition

TITLE DT
NAME WILLIAMS, LARRY M
STREET ADDRESS 260 LOGAN BLVD W
CITY-ST-ZIP NAPLES FL 34119 ☐ Delete

TITLE DPT
NAME WILLIAMS, LARRY M
STREET ADDRESS 260 LOGAN BLVD. N.
CITY-ST-ZIP NAPLES, FL 34119 ☒ Change ☐ Addition

TITLE DV
NAME BURTON, DENNIS E
STREET ADDRESS 3818 EXCHANGE AVE.
CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-5-01

CR2E034 (10/00)