2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

SIGNATURE:

134 BRIGHTWATERS BLVD. NE

P94000069385

Mailing Address

134 BRIGHTWATERS BLVD. NE

1. Entity Name

JOHNSON INVESTMENT PROPERTIES, INC.



FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90093 044 ***150.00

Daytime Phone #

Date

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ST. PETERSBURG FL 33704 US			ST. PETERSBURG FL 33704 US												
2. Principal Pla	ace of Busin	ess	3. Mailing Address					(10011001	11 0 18111 81811	4 b 111 6 6 111		• • • • • • • • • • • • • • • • • • • •	10.00		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES							
City & State	!		City & State				4. 1	FEI Number	59-328	2101		_		plied For at Applicable	
Zip	Country			Zip Count				Certificate of				Fee	.75 Add Require		
6. Name and Address of Current Registered Agent							7.	Name and A	ddress of	New Re	gistered	d Age	nt		
with the second of the second						Name		-							
JOHNSON, NATALIE J						Street Address (P.O. Box Number is Not Acceptable)									
134 BRIGR	TWATERS	BLVD. NE.													
ST. PETER	SBURG FL	_ 33704													
Say.					City					F		Zip Cod			
the obligati	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 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								Trus	tion Camp t Fund Cor	tribution			Added	00 May Be d to Fees	
10.		OFFICERS AND	DIRECTO		11.		AI	DDITIONS/C	CHANGES	IO OFFIC	JERS A		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	134 BRIG	n, natalie j htwaters blvd. ne. rsburg fl 33704		□ Delete		1									
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		l l							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u>.</u>	☐ Delete				-P**					Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP				☐ Delete		1							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	4								Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CIT	ME REET ADDRESS Y-ST-ZIP							Change	Addition	
12. I hereby indicated of the co-	certify that to don this rep reporation or d, or on an a	the information supplied with fort or supplemental report the receive or trustee emp ttachment with an address	h this filing is true and powered to with all of	g does not qualify for d accurate and that be execute this report ther like empowered	or the ex my signa t as requ	emption stated ature shall hav uired by Chapt	d in Section ve the same ter 607, Flo	n 119.07(3)(i e legal effect orida Statute:	i), Florida S t as if made s; and that	statutes. I e under o my name	further ath; tha appea	certify at I am ars in f	y that the i an office 3lock 10 i	information er or director or Block 11 if	