

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000000277

1. Entity Name

DUCKY JOHNSON ENTERPRISES, INC.

Principal Place of Business

2192 JOHNSON DR
GRAND RIDGE FL 32442
US

Mailing Address

P.O. BOX 107
GRAND RIDGE FL 32442-0107
US

2. Principal Place of Business

2192 Johnson Dr.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 107

Suite, Apt. #, etc.

City & State

Grand Ridge, Fl.

City & State

Grand Ridge Fl.

Zip

32442

Country

Jackson

Zip

32442

Country

Jackson

6. Name and Address of Current Registered Agent

JOHNSON, CHARLES E
U.S. HIGHWAY 90 WEST
GRAND RIDGE FL 32442

4. FEI Number

59-3285546

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

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

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	PSTD	<input type="checkbox"/> Delete
NAME	JOHNSON, CHARLES E	
STREET ADDRESS	U.S. HIGHWAY 90 WEST	
CITY-ST-ZIP	GRAND RIDGE FL 32442	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOHNSON, CAROLYN	
STREET ADDRESS	US HIGHWAY 90 WEST	
CITY-ST-ZIP	GRAND RIDGE FL 32442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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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 like empowered.

SIGNATURE:

Carolyn Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

(850) 592-5871

Daytime Phone #

Carolyn Johnson

CP2E034 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90137 023 ***150.00