2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 08:00 AM
Secretary of State

DOCUMENT # **P95000000277**

1. Entity Name
DUCKY JOHNSON ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2192 JOHNSON DR	P.O. BOX 107
GRAND RIDGE FL	GRAND RIDGE FL
32442 US	32442 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3285546** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
JOHNSON CHARLES E
Street Address (P.O. Box Number is Not Acceptable)
P.O BOX 107
City
GRAND RIDGE FL
Zip Code
32442

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 CHARLES E. JOHNSON 05/15/2001
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, 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	VP	☐ Delete	TITLE	VP	☒ Change ☐ Addition
NAME	JOHNSON CAROLYN		NAME	JOHNSON CAROLYN	
STREET ADDRESS	US HIGHWAY 90 WEST		STREET ADDRESS	P.O. BOX 107	
CITY-ST-ZIP	GRAND RIDGE FL 32442		CITY-ST-ZIP	GRAND RIDGE FL 32442	
TITLE	PSTD	☐ Delete	TITLE	PSTD	☒ Change ☐ Addition
NAME	JOHNSON CHARLES E		NAME	JOHNSON CHARLES E	
STREET ADDRESS	U.S. HIGHWAY 90 WEST		STREET ADDRESS	P.O. BOX 107	
CITY-ST-ZIP	GRAND RIDGE FL 32442		CITY-ST-ZIP	GRAND RIDGE FL 32442	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Charles E. Johnson Pres 05/15/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)