

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90189 030 ***150.00

0537794 AV

DOCUMENT # P95000051979

1. Entity Name

SHIRLEY L. JOHNSON, INC.

Principal Place of Business

5286 RAY DR
 SPRING HILL FL 34607

Mailing Address

5286 RAY DRIVE
 SPRING HILL FL 34607

2. Principal Place of Business

12713 SR 471

3. Mailing Address

PO Box 188

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WEBSTER FL

City & State

WEBSTER FL

4. FEI Number

59-3319386

Applied For

Not Applicable

Zip

33597

Country

Sumter

Zip

33597

Country

Sumter

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, SHIRLEY L
 5286 RAY DR
 SPRING HILL FL 34607

7. Name and Address of New Registered Agent

Name: JOHNSON SHIRLEY L

Street Address (P.O. Box Number is Not Acceptable)

12713 SR 471

City: WEBSTER

FL

Zip Code: 33597

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

Shirley L Johnson, Pres

03/14/02

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, 2002 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
 NAME: JOHNSON, SHIRLEY L
 STREET ADDRESS: 5286 RAY DRIVE
 CITY-ST-ZIP: SPRING HILL FL 34607 ☐ Delete

TITLE: ST
 NAME: HARRIS, PATRICIA A
 STREET ADDRESS: 264 NE 2ND ST
 CITY-ST-ZIP: WEBSTER FL 33597 ☒ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
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 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Sec-Treas
 NAME: Dwayne E Johnson
 STREET ADDRESS: 12709 SR 471
 CITY-ST-ZIP: WEBSTER FL 33597 ☐ Change ☒ Addition

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

TITLE: Vice Pres
 NAME: PATRICIA A HARRIS
 STREET ADDRESS: 264 NE 2ND ST
 CITY-ST-ZIP: WEBSTER FL 33597 ☐ Change ☐ Addition

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

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 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 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:

Shirley L Johnson, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/02 352-688-6700

Date

Daytime Phone #

CR2E034 (9/01)