

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90061 049 ***150.00

0426418

DOCUMENT # P96000037134

1. Entity Name

JOHNSTON & JOHNSTON, INC.

Principal Place of Business

Mailing Address

3121 S. CANAL DR.
 PALM HARBOR FL 34684
 US

3121 S. CANAL DR.
 PALM HARBOR FL 34684
 US

2. Principal Place of Business

3535 WOODRIDGE PL

Suite, Apt. #, etc.

3. Mailing Address

3535 WOODRIDGE PL

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALM HARBOR, FL

Zip

34684

Country

USA

City & State

PALM HARBOR, FL

Zip

34684

Country

USA

4. FEI Number

59-3376553

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**JOHNSTON, GAIL
 3121 S. CANAL DR.
 PALM HARBOR FL 34684**

7. Name and Address of New Registered Agent

Name

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

3535 WOODRIDGE PL.

City

PALM HARBOR

FL

Zip Code

34684

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

Gail Johnston

4/3/01

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

TITLE **PVST** ☐ Delete
 NAME **JOHNSTON, GAIL**
 STREET ADDRESS **3121 S. CANAL DR.**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **D** ☐ Delete
 NAME **CORSINI, GAIL**
 STREET ADDRESS **1703 BERMUDA COURT**
 CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **D** ☐ Delete
 NAME **JOHNSTON, TIM**
 STREET ADDRESS **3121 S. CANAL DR.**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3535 WOODRIDGE PL.**
 CITY-ST-ZIP **PALM HARBOR, FL. 34684**

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *Gail Johnston*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/01 727 784 001

CR2E034 (10/00)