

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90069 046 ***150.00

06398317 AV

DOCUMENT # P96000047294

1. Entity Name
EVELYN R. JOHNSON REALTY, INC.



Principal Place of Business
8833 TAMiami TRAIL E
NAPLES FL 34113
US

Mailing Address
8833 TAMiami TRAIL E
NAPLES FL 34113
US



2. Principal Place of Business
4280 TAMiami TRAIL E

3. Mailing Address
4280 TAMiami TRAIL E

Suite, Apt. #, etc.
302-D

Suite, Apt. #, etc.
302-D

City & State
Naples FL 34112

City & State
Naples, FL 34112

4. FEI Number 65-0668382

Applied For
Not Applicable

Zip
34112

Country
USA

Zip
34112

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, EVELYN R
8833 TAMiami TRAIL E
NAPLES FL 33962

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Evelyn R. Johnson Evelyn R. Johnson
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/28/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME JOHNSON, EVELYN R
STREET ADDRESS 8833 TAMiami TR E
CITY-ST-ZIP NAPLES FL 34113 ☐ Delete

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

TITLE STD
NAME FOREMAN, GEORGE K
STREET ADDRESS 8833 TAMiami TR E
CITY-ST-ZIP NAPLES FL 34113 ☒ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Evelyn R. Johnson Evelyn R. Johnson 4/28/03 239-793-8000
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

06398317 (10/02)