

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90110 015 ***550.00

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DOCUMENT # P96000049793

1. Entity Name

JOHNSON MANAGEMENT COMPANY OF ST. PETE BEACH INC.



Principal Place of Business
**900 GULFWAY
PASS A GRILLE WAY FL 33706**

Mailing Address
**900 GULFWAY
PASS A GRILLE WAY FL 33706**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3384590**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, BERNARD H
22 PARADISE LANE
TREASURE ISLAND FL 33706**

Name

JOHNSON, BERNARD H

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

9015 BAYWOOD PARK DR

City

SEMINOLE

FL

Zip Code

33777

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP | D JOHNSON, BERNARD H 22 PARADISE LANE TREASURE ISLAND FL 33706 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOHNSON, DEBORAH S 22 PARADISE LANE TREASURE ISLAND FL 33706 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOHNSON, BERNARD H. 9015 BAYWOOD PARK DR SEMINOLE, FL 33777 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOHNSON, DEBORAH S 9015 BAYWOOD PARK DR SEMINOLE, FL 33777 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 the 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: *Bernard Johnson*
SIGNATURE REQUIRED
President

8-19-03

Date

Daytime Phone #

CR2E034 (4/03)