2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2000 8:00 am Secretary of State DOCUMENT # P9600050009 VERONICA JOHNSON, INC. 01-29-2000 90105 037 ***158.75 Mailing Address Principal Place of Business P O BOX 1535 671 BELL BLVD LEHIGH ACRES FL 33970-1535 LEHIGH ACRES FL 33936 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0679125 Not 4:--:: 7in Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent eronica -JOHNSON, VERONICA Street Address (P.O. Box Number is Not Acceptable) 2603 W 8 ST LEHIGH ACRES FL 33936 Ft. Myers, Fh 33913-HAMPEN Park Court 8. The above named entity submits this statement for the purpose of changing its registered office or registered office 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. . Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE Johnson, Veronica 13208 Hampton Park Court JOHNSON, VERONICA NAME -NAME STREET ADDRESS STREET ADDRESS 2603 W 8 ST CITY-\$T-ZIP CITY-ST-ZIP LEHIGH ACRES FL 33936 Skuan, Doreen E. ☐ Delete TITLE JOHNSON, DOREEN E NAME BIVD. AND 204 2749 Colonial STREET ADDRESS STREET ADDRESS 267 NO MAPLE AVENUE CITY-ST-ZIP H. Mars, FL 33907 CITY-ST-ZIP EAST ORANGE NJ 07017 TITLE . □ Delete. TITLE Johnson, Clarice NAME JOHNSON, CLARICE NAME HO Tracy Evenue, 1-Tolowa, NI 07512 STREET ADDRESS 267 NO MAPLE AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-71P EAST ORANGE NH 07017 Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □... ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNI

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