

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90163 031 ***150.00

DOCUMENT # P96000050009

1. Entity Name

VERONICA JOHNSON, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

671 Bell Boulevard

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1535

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lehigh Acres, FL

Zip

33936

Country

USA

City & State

Lehigh Acres, FL

Zip

33970

Country

USA

4. FEI Number

65-0679125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Veronica Johnson

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

13208 Hampton Park Court

City

Fort Myers

FL

Zip Code

33913

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

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PDCM
NAME Johnson, Veronica
STREET ADDRESS 13208 Hampton Park Court
CITY-ST-ZIP Fort Myers, FL 33913

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TS
NAME Stewart, Doreen
STREET ADDRESS 13208 Hampton Park Court
CITY-ST-ZIP Fort Myers, FL 33913

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME Bonilla, Clarice
STREET ADDRESS 389 Lillian Avenue, 1st Floor
CITY-ST-ZIP Syracuse, NY 13206

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Veronica Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02

(Date)

239(368-5365

Daytime Phone #

CR2E034B (12/01)