

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90329 048 ***150.00

0568377 AT

DOCUMENT # P97000065482

1. Entity Name

CITIZENS PROPERTIES, INC.

Principal Place of Business

**401 FIFTH STREET
 PORT ST JOE FL 32456**

Mailing Address

**P.O. BOX 368
 PORT ST JOE FL 32456**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3461570

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**IGLER & DOUGHERTY, P.A.
 1501 PARK AVENUE EAST
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

JAMES G. JOHNSON

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

401 CECIL COSTIN BLVD

City

PORT ST JOE

FL

Zip Code
32456

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

JAMES G JOHNSON PRES

3/2/02

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, JAMES G	
STREET ADDRESS	401 CECIL COSTIN BLVD	
CITY-ST-ZIP	PORT SAINT JOE FL 32456	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JASPER L	
STREET ADDRESS	221 REID AVE	
CITY-ST-ZIP	PORT SAINT JOE FL 32456	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHOAF, STUART	
STREET ADDRESS	301 LONG AVE	
CITY-ST-ZIP	PORT SAINT JOE FL 32456	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COSTIN, CHARLES A	
STREET ADDRESS	413 WILLIAMS AVE.	
CITY-ST-ZIP	PT. ST. JOE FL 32456	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAY, DAVID B	
STREET ADDRESS	103 ALLEN MEMORIAL HWY	
CITY-ST-ZIP	PT. ST. JOE FL 32456	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

JAMES G JOHNSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/02
 Date

850-227-1416
 Daytime Phone #

CR2E034 (9/01)