

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090385

1. Entity Name

JENNIFER C. JOHNSON, INC.

Principal Place of Business

6322 PALMA DEL MAR #505
ST PETERSBURG FL 33715

Mailing Address

P O BOX 66851
ST PETERSBURG BEACH FL 33736-6851

2. Principal Place of Business

6322 Palma Del mar #1203

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ST Petersburg FL 33715

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0779628

Applied For

Not Applicable

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, JENNIFER C
6322 PALMA DEL MAR #505
ST PETERSBURG FL 33715

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, JENNIFER C P O BOX 66851 N/A ST PETERSBURG BEACH FL 33736	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jennifer Johnson

4-7-00

Date

727-864-4490

Daytime Phone #

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90051 043 ***150.00

881358



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)