

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90010 036 ***150.00

0349165

DOCUMENT # P97000091418

1. Entity Name

THE JOHNSON GROUP EXECUTIVE SEARCH INC.

Principal Place of Business

12228 N. 56TH ST.
TAMPA FL 33617

Mailing Address

12228 N. 56TH ST.
TAMPA FL 33617

736315



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12909 N. 56TH STREET

3. Mailing Address

12909 N. 56TH STREET

Suite, Apt. #, etc.

#105

Suite, Apt. #, etc.

#105

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3475323

Applied For

Not Applicable

Zip

33617

Country

HILLSBOROUGH

Zip

33617

Country

HILLSBOROUGH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, GARY K
17756 ESPRIT DRIVE
TAMPA FL 33647**

7. Name and Address of New Registered Agent

Name

GARY K. JOHNSON

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

8715 ANGLERS POINT DRIVE

City

TAMPA

FL

Zip Code

33637

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

Gary K. Johnson **PRESIDENT**

3/27/01

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, 2001 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 **D** ☐ Delete
NAME **JOHNSON, GARY K**
STREET ADDRESS **17756 ESPRIT DRIVE**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/C/D** ☐ Change ☐ Addition
NAME **GARY K. JOHNSON**
STREET ADDRESS **8715 ANGLERS POINT DRIVE**
CITY-ST-ZIP **TAMPA, FL 33637**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Gary K. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01

Date

813-989-2213

Daytime Phone #

CR2E034 (10/00)