

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90063 026 \*\*\*150.00

DOCUMENT # **P 98000071930**

1. Entity Name

**GATOR Lining of NW Florida, Inc.**

Principal Place of Business

Mailing Address

**00022774**

2. Principal Place of Business

3. Mailing Address

**2817 Hwy 77**

**Box 1408**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**PANAMA City, FL.**

City & State

**LYNN HAVEN, FL.**

4. FEI Number

**59-3526377**

Applied For

Not Applicable

Zip

**32405**

Country

**USA**

Zip

**32444**

Country

**USA**

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

**Derrick Bennett, Esquire**  
**112 E. 3rd Court**  
**PANAMA City, FL. 32401**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Delete  
NAME **Dennis Johnson**  
STREET ADDRESS **4033 Osprey Point**  
CITY-ST-ZIP **PANAMA City, FL. 32409**

TITLE **Secretary/Treasurer** ☒ Change ☐ Addition  
NAME **Dennis De Wayne Johnson**

TITLE **Vice President** ☐ Delete  
NAME **Kevin Johnson**  
STREET ADDRESS **433 Bream Pond Rd.**  
CITY-ST-ZIP **Southport, FL. 32409**

TITLE **President** ☒ Change ☐ Addition  
NAME **Kevin De Wayne Johnson**

TITLE **Sec/Treas.** ☒ Delete  
NAME **Janet Johnson**  
STREET ADDRESS **4033 Osprey Point**  
CITY-ST-ZIP **PANAMA City, FL. 32409**

TITLE **Vice President** ☐ Change ☒ Addition  
NAME **Wendy Dawn Johnson**  
STREET ADDRESS **433 Bream Pond Rd.**  
CITY-ST-ZIP **Southport, FL. 32409**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Dennis Johnson**

**Sec/Treas.**

**3/2/01**

**850.769.3325**

Daytime Phone #

CR2E034 (11/00)