

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90087 029 ***150.00

DOCUMENT # P98000082211

1. Entity Name

JOHNSON TRIM & FRAME, INC.

Principal Place of Business

1922 SE 5TH COURT
 CAPE CORAL FL 33990

Mailing Address

1922 SE 5TH COURT
 CAPE CORAL FL 33990-2272

800400000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4333 S.W. 26th Ave
 Suite, Apt. #, etc.

3. Mailing Address

4333 S.W. 26th Ave
 Suite, Apt. #, etc.

City & State

CAPE CORAL FLA

City & State

CAPE CORAL, FLA

4. FEI Number

65-0867429

Applied For

Not Applicable

Zip

33914

Country

USA

Zip

33914

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

JOHNSON, MARK A
 1922 SE 5TH COURT
 CAPE CORAL FL 33990

Name

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

4333 S.W. 26th AVENUE

City

CAPE CORAL

FL

Zip Code

33914

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

4-3-01

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	P JOHNSON, MARK A 1922 SE 5TH COURT CAPE CORAL FL 33990	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	4333 S.W. 26th AVENUE CAPE CORAL, FLA. 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, KAREN A 1922 SE 5TH COURT CAPE CORAL FL 33990	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ROAUBUCHON, LEON 1325 SE 2ND PLACE CAPE CORAL FL 33990	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DOMEROY, JOHN 1407 LUCYA DR CAPE CORAL FL 33904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

4-3-01

CR2E034 (9/99)