

200/ UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082211

1. Entity Name

JOHNSON TRIM & FRAME, INC.

FILED

Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90087 029 ***150.00

Principal Place of Business

922 SE 5TH COURT
CAPE CORAL FL 33990

Mailing Address

1922 SE 5TH COURT
CAPE CORAL FL 33990-2272

2. Principal Place of Business

4333 S. W. 26th AVE

Suite, Apt. #, etc.

3. Mailing Address

4333 S. W. 26th AVE.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CAPE CORAL FLA

Zip 33914

Country USA

City & State

CAPE CORAL, FLA

Zip 33914

Country GSA

4. FEI Number

65-0867429

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Name

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

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.

4-3-01

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Date

Daytime Phone #

CR2E034 (9/99)