

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90103 017 ***150.00

DOCUMENT # P99000025683

1. Entity Name

GENE F. JOHNSTON PAINTING, INC.

Principal Place of Business

**9920 HARNEY RD.
 THONOTOSASSA FL 33592**

Mailing Address

**4739 PARKWAY BLVD
 LAND O LAKES FL 34639**

510284



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3625455

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**JOHNSTON, GENE F.
 4739 PARKWAY BLVD
 LAND O LAKES FL 34639**

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 Gene F Johnston

Sara F Johnston

3/1/02

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, 2002 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 ☐ Delete
 NAME **D. JOHNSTON, GENE F**
 STREET ADDRESS **4739 PARKWAY BLVD**
 CITY-ST-ZIP **LAND O LAKES FL 34639**

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

TITLE ☐ Delete
 NAME **P DIONNE, CHRIS D**
 STREET ADDRESS **4739 PARKWAY BLVD**
 CITY-ST-ZIP **LAND O LAKES FL 34639**

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

TITLE ☒ Delete
 NAME **BLANTON, EARL**
 STREET ADDRESS **9922 HARNEY RD**
 CITY-ST-ZIP **THONOTOSASSA FL 33592**

TITLE ☒ Change ☒ Addition
 NAME **Robert Ziegler**
 STREET ADDRESS **4805 North 59th St**
 CITY-ST-ZIP **Tampa Florida 33610**

TITLE ☒ Delete
 NAME **RICORD, ETITA MAE**
 STREET ADDRESS **9920 HARNEY RD**
 CITY-ST-ZIP **THONOTOSASSA FL 33592**

TITLE ☒ Change ☒ Addition
 NAME **Charles Badstuber**
 STREET ADDRESS **8009 Beechwood Place**
 CITY-ST-ZIP **Tampa, Florida 33619**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Matthew Johnston**
 STREET ADDRESS **9920 Harney Rd**
 CITY-ST-ZIP **Thonotosassa, Florida 33592**

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: Gene F Johnston
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sara F Johnston 3/1/02
 Date Daytime Phone #

CR2E034 (9/01)