

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90729 031 ***150.00

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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**



2. Principal Place of Business

Same As Above

3. Mailing Address

11508 Annette Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa Florida

Zip

Country

33637

Country

4. FEI Number **59-3625455**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

**11508 Annette Ave.
Tampa, Florida
33637**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOHNSTON, GENE F 4739 PARKWAY BLVD LAND O LAKES FL 34639 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DIONNE, CHRIS D 4739 PARKWAY BLVD LAND O LAKES FL 34639 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M ZIEGLER, ROBERT 4805 NORTH 39TH ST TAMPA FL 33610 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BADSTEIN, CHARLES 8000 BOECHWOOD PLACE TAMPA FL 33619 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T JOHNSTON, MATHEW 9920 HARNEY RD THONOTOSASSA FL 33592 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gene Johnston*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03 813-625-7061

Date

Daytime Phone #

CR2E034 (10/02)