

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90061 026 \*\*\*150.00

**DOCUMENT # P99000107829**

1. Entity Name

**NELS JOHNSON PHOTOGRAPHER, INC.**

Principal Place of Business

Mailing Address

11475 119TH TERR..NORTH  
 LARGO FL 33778

11475 119TH TERR..NORTH  
 LARGO FL 33778

043010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*Nels Johnson Photographer Inc.*

**NELS JOHNSON**  
**10201 MAJESTIC DR.**

Suite, Apt. #, etc.  
**10201 MAJESTIC DR.**

Suite, Apt. #, etc.  
**10201 MAJESTIC DR.**

City & State  
**LARGO FL**

City & State  
**LARGO FL 33774**

4. FEI Number **59-3619924**

Applied For  
 Not Applicable

Zip  
**33774**

Country  
**USA**

Zip

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, NELS III**  
**11475 119TH TERR..NORTH**  
**LARGO FL 33778**

Name **JOHNSON NELS III**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10201 MAJESTIC DR.**  
 City **LARGO** FL Zip Code **33774**

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 **P** **PRESIDENT**  
 NAME **JOHNSON III, NELS**  
 STREET ADDRESS **11475 119TH TERR. N.**  
 CITY-ST-ZIP **LARGO FL 33778**

**NELS JOHNSON III**  
**10201 MAJESTIC DR.**  
**LARGO FL 33774**

TITLE **P**  
 NAME **NELS JOHNSON III**  
 STREET ADDRESS **10201 MAJESTIC DR.**  
 CITY-ST-ZIP **LARGO FL 33774**

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ 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: *Nels Johnson III - Nels Johnson III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/27/01* **727 517 8762**

Date

Daytime Phone #

CR2E034 (10/00)