

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90081 021 ***150.00

DOCUMENT # P99000107829

1. Entity Name
NELS JOHNSON PHOTOGRAPHER, INC.

Principal Place of Business

**10201 MAJESTIC DR
 LARGO FL 33774**

Mailing Address

**NEILS JOHNSON
 10201 MAJESTIC DR
 LARGO FL 33774**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3619924**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **JOHNSON, NELS III**

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

1707 E 5TH AVE

City

YBOR CITY

FL

Zip Code

33605

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 **NELS JOHNSON III**

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

NEILS JOHNSON III

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/02

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **JOHNSON NELS III**
 STREET ADDRESS **1707 E 5TH AVE**
 CITY-ST-ZIP **YBOR CITY FL 33605**

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

TITLE ☐ Change ☐ Addition
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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: **NEILS JOHNSON III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 (813)247-1777

Date

Daytime Phone #

CR2E034 (9/01)