

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90176 030 ***150.00

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1. Entity Name
NELS JOHNSON PHOTOGRAPHER, INC.



Principal Place of Business
**10201 MAJESTIC DR
LARGO FL 33774**

Mailing Address
**NELS JOHNSON
10201 MAJESTIC DR
LARGO FL 33774**

2. Principal Place of Business

1707 E 5TH AVE

3. Mailing Address

1707 E 5TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TAMPA FL

TAMPA FL

City & State

City & State

Zip **33605**

Country **USA**

Zip **33605**

Country **USA**

4. FEI Number **59-3619924**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, NELS III
10707 E 5TH AVE
TAMPA FL 33605**

*I signed below
because I was showing
new change of place of business
& mailing address*

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 **NELS JOHNSON, President**

4/24/03

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

TITLE **P**
NAME **JOHNSON III, NELS**
STREET ADDRESS **1707 E 5TH AVE**
CITY-ST-ZIP **TAMPA FL 33605**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

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NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

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: **NELS JOHNSON, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 (813) 247-1777

Date Daytime Phone #

CR2E034 (10/02)