

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90015 046 ***150.00

DOCUMENT # S02932

1. Entity Name
H. R. JOHNSON CORP.

Principal Place of Business
3350 NW BOCA RATON BLVD
STE A26
BOCA RATON FL 33431
US

Mailing Address
3350 NW BOCA RATON BLVD
STE A26
BOCA RATON FL 33431
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
651 GOLDEN HARBOUR DR

3. Mailing Address
651 GOLDEN HARBOUR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DR. BOCA RATON

City & State
BOCA RATON, FLORIDA

City & State
FLORIDA

4. FEI Number **65-0225087**

Applied For
 Not Applicable

Zip **33432** Country **PALM BEACH**

Zip **33432** Country **PALM BEACH**

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

DICKENSON, DAVID B.
980 N FEDERAL HWY
SUITE 410
BOCA RATON FL 33432

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **P** ☐ Delete
 NAME **JOHNSON, HAROLD R.**
 STREET ADDRESS **3350 NW BOCA RATON BLVD**
 CITY-ST-ZIP **BOCA RATON FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)