

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90162 022 ***158.75

DOCUMENT # S02932

1. Entity Name
H. R. JOHNSON CORP.



Principal Place of Business
651 GOLDEN HARBOR DRIVE
BOCA RATON FL 33432
US

Mailing Address
651 GOLDEN HARBOR DRIVE
STE A26
BOCA RATON FL 33432
US



2. Principal Place of Business

3. Mailing Address

651 GOLDEN HARBOR DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

4. FEI Number 65-0225087

Applied For

Not Applicable

Zip

Country

Zip

Country

33432

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 651 GOLDEN HARBOR DRIVE
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 an other like empowered.

SIGNATURE:

Harold R. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROLD R. JOHNSON

Date

Daytime Phone #

1/5/03 368-4080

CR2E034 (10/02)