

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V02832

1. Entity Name

JOHNSTON PRESS INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90051 044 ***150.00

Principal Place of Business

Mailing Address

1741 STANFORD LANE
 SARASOTA FL 34231

1741 STANFORD LANE
 SARASOTA FL 34231-3033

2. Principal Place of Business

3. Mailing Address

1741 STANFORD LN

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

4. FEI Number

65-0303504

Applied For

Not Applicable

Zip

34231

Country

SARASOTA

Zip

Country

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

JOHNSTON, EDWARD
 1741 STANFORD LANE
 SARASOTA FL 34231

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

Sheila Johnston SHEILA JOHNSTON President

April 30, 2000

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, 2000 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	DVT	<input type="checkbox"/> Delete
NAME	JOHNSTON, EDWARD	
STREET ADDRESS	1741 STANFORD LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	JOHNSTON, SHEILA	
STREET ADDRESS	1741 STANFORD LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SHEILA JOHNSTON Sheila Johnston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/00 941 923-1205

CR2E034 (9/99)