

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90109 029 ***150.00

DOCUMENT # V25865

1. Entity Name

DALE A. JOHNSON, P.A.

Principal Place of Business

2959 FIRST AVENUE NORTH
ST PETERSBURG FL 33713

Mailing Address

2959 FIRST AVENUE NORTH
ST PETERSBURG FL 33713

2. Principal Place of Business

6000 Gulfport Blvd.

3. Mailing Address

P.O. Box 530161

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gulfport, FL

City & State

St. Petersburg, FL

Zip

33707

Country

USA

Zip

33747-0161

Country

USA

4. FEI Number

59-3115049

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, DALE A
2959 FIRST AVENUE N
ST PETERSBURG FL 33713

7. Name and Address of New Registered Agent

Name

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

6000 Gulfport Blvd.

City

Gulfport

FL

Zip Code

33707

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

[Signature]

Dale A. Johnson

3/8/01

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, 2001 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 PST
NAME JOHNSON, DALE A ☐ Delete
STREET ADDRESS 2959 FIRST AVENUE N
CITY-ST-ZIP ST PETERSBURG FL

TITLE D
NAME JOHNSON, DALE A ☐ Delete
STREET ADDRESS 2959 FIRST AVENUE N
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6000 Gulfport Blvd.
CITY-ST-ZIP Gulfport, FL 33707

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6000 Gulfport Blvd.
CITY-ST-ZIP Gulfport, FL 33707

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

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

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

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:

[Signature]

Dale A. Johnson

3/8/01

727-343-3231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)