

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V60851

1. Entity Name
LENORA JOHNSON CORPORATION

FILED

01 JAN 18 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2765 W TENNESSEE STR
TALLAHASSEE FL 32304
US

Mailing Address

2765 W TENNESSEE STR
TALLAHASSEE FL 32304
US

2. Principal Place of Business

2755 W TENNESSEE ST
Suite, Apt. #, etc.

3. Mailing Address

2755 W TENNESSEE ST
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE FL

4. FEI Number **59-3140233**

Applied For
Not Applicable

Zip **32304**

Country **USA**

Zip **32304**

Country **USA**

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

6. Name and Address of Current Registered Agent

BOND, NATHAN L.
411 EAST COLLEGE AVENUE
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

Name **Matthew Gilbert**
Street Address (P.O. Box Number is Not Acceptable)
1714 Mahan Center Blvd.
City **Tallahassee** FL Zip Code **32308**

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 **1-10-01**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D LEE, MONROE P.	2765 WEST TENNESSEE ST.	TALLAHASSEE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: DATE **1/10/01** DAYTIME PHONE # **850-576-2116**

CR2E034 (10/00)