

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91327 012 ***150.00

DOCUMENT # K08860

1. Entity Name
RALPH JOHNSON, INC.

Principal Place of Business
1135 PASADENA AVE., SUITE 150
S. PASADENA FL 33707
US

Mailing Address
1135 PASADENA AVE., SUITE 150
S. PASADENA FL 33707
US

2. Principal Place of Business
7892 SAILBOAT KEY BLVD
 Suite, Apt. #, etc.
303

3. Mailing Address
7892 SAILBOAT KEY BLVD
 Suite, Apt. #, etc.
303

City & State
S. PASADENA FL
 Zip
33707 Country
PINELLAS

City & State
S. PASADENA FL
 Zip
33107 Country
PINELLAS

4. FEI Number **59-2865309** Applied For
 Not Applicable

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

JOHNSON, RALPH H.
1135 PASADENA AVE.
S. PASADENA FL

Name
 Street Address (P.O. Box Number is Not Acceptable)
7892 SAILBOAT KEY BLVD
303
 City **S. PASADENA** 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD JOHNSON, RALPH H. 7892 SAILBOAT KEY BD 303 S. PASADENA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JOHNSON, BERNICE J. 7892 SAILBOAT KEY BD 303 S. PASADENA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RALPH H. JOHNSON
 Date **2/26/01** Daytime Phone # **(727) 360-9144**

Date

Daytime Phone #

CR2E034 (10/00)