2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H40630

1. Entity Name

LAW OFFICES OF HENRY PAUL JOHNSON, P.A.

FILED
Mar 31, 2000 8:00 am
Secretary of State
03-31-2000 90077 044 ***150.00

Principal Place of Business	Mailing Address
6736 LONE OAK BLVD. NAPLES FL 34109 US	6736 LONE OAK BLVD. NAPLES FL 34109-6834 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3227 HORSESHOE DR S	3227 HORSESHOE DR S
Suite, Apt. #, etc.: SUITE 105	Suite, Apt. #, etc.: SUITE 105
City & State: NAPLES, FLORIDA 34104	City & State: NAPLES, FLORIDA 34104
Zip: 34104 Country: USA	Zip: 34104 Country: USA

4. FEI Number 59-2472272 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, HENRY PAUL
6736 LONE OAK BLVD
NAPLES, 34109

7. Name and Address of New Registered Agent

Name: HENRY PAUL JOHNSON
Street Address (P.O. Box Number is Not Acceptable): 3227 HORSESHOE DR S
SUITE 105
City: NAPLES, FLORIDA FL Zip Code: 34104

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 X [signature] 1/25/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOHNSON, HENRY PAUL 6736 LONE OAK BLVD. NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3227 HORSESHOE DR S SUITE 105 NAPLES, FL 34104	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST JOHNSON, JILL K. 6736 LONE OAK BLVD. NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3227 HORSESHOE DR S SUITE 105 NAPLES, FL 34104	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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: X [signature] SIGNATURE REQUIRED 1/25/00 941-436-3767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #