2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K43838

1. Entity Name

JOHAN & YORK, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90013 040 ***163.75

Principal Place of Business	Mailing Address
5858 INTERNATIONAL DR ORLANDO FL 32819 US	P.O. BOX 2340 WINDERMERE FL 34786-2340 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
830 N. ATLANTIC AVNUE	AS ABOVE
Suite, Apt. #, etc.: SUITE B1702	Suite, Apt. #, etc.
City & State: COCOA BEACH FLORIDA.	City & State
Zip: 32931 Country: U.S.A	Zip Country

4. FEI Number 59-2932689 ☐ 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
NANA, J. D. 5447 BROOKLINE DR. S204 ORLANDO FL 32819	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 [signature] J. D. NANA 4/25/2000

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 NAME STREET ADDRESS CITY-ST-ZIP	PD NANA, J.D. 5447 BROOKLINE DRIVE ORLANDO FL	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	J.D. NANA PRESIDENT. 830 N. ATLANTIC AV. SUITE B1702 COCOA BEACH FLORIDA 32931	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] REQUIRED 4-25-2000 407.987.4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #