

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L39010

1. Entity Name

JOHNSON FINANCIAL SERVICES, INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90090 011 ***150.00

Principal Place of Business

Mailing Address

% STEVEN E. JOHNSON
 239 US 301 BLVD E STE F
 BRADENTON FL 34208

% STEVEN E. JOHNSON
 239 US 301 BLVD E STE F
 BRADENTON FL 34208

2. Principal Place of Business

239 301 BLVD. EAST

3. Mailing Address

239 301 BLVD. EAST

Suite, Apt. #, etc.

SUITE F

Suite, Apt. #, etc.

SUITE F

City & State

BRADENTON FL

City & State

BRADENTON FL

4. FEI Number

65-0162947

Applied For

Not Applicable

Zip

34208-4430

Country

USA

Zip

34208-4430

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, STEVEN E.
 239 US 301 BLVD E
 STE F
 BRADENTON FL 34208**

7. Name and Address of New Registered Agent

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPST	JOHNSON, STEVEN E	239 US 301 BLVD E / STE-F	BRADENTON FL 34208-4430	<input type="checkbox"/>
				<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00

Date

941-747-8878

Daytime Phone #

CR2E034 (9/99)