

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 10, 2002 8:00 am**  
**Secretary of State**

09-10-2002 90228 009 \*\*\*150.00

**DOCUMENT # P01000068936**

1. Entity Name  
**AMY JOHNSON, P.A.**

Principal Place of Business  
**111 RAINBOW FISH CIRCLE**  
**JUPITER FL 33477**

Mailing Address  
**111 RAINBOW FISH CIRCLE**  
**JUPITER FL 33477**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

**65-1123324**

Applied For

Not Applicable

Zip

Country

Zip

Country

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, AMY**  
**111 RAINBOW FISH CIRCLE**  
**JUPITER FL 33477**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, AMY</b>	
STREET ADDRESS	<b>111 RAINBOW FISH CIRCLE</b>	
CITY-ST-ZIP	<b>JUPITER FL 33477</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

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

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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **9/3/02** Daytime Phone #: **(561) 758-7514**

CR2E034 (4/02)

Attachment

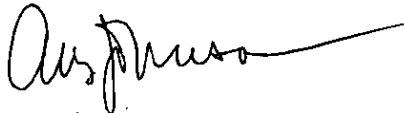
978942  
# PO1 0000 68936

September 3, 2002

To Whom It May Concern:

I am writing in response to my Uniform Business Report. To my knowledge, this is the first report I've received. We also have had other problems in our area where we have not received other important mail.

Sincerely,



Amy Johnson  
(President)