03 [redacted] 03

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000043627

1. Entity Name

DAVID JOHNSON INC.

FILED
03 APR 30 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3066 Custer Ave
Suite, Apt. #, etc.
City & State
Lake Worth Fl
Zip 33467 Country USA

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0429375
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Sharon Kraft C/O ABC Bookkeeping Service
Street Address (P.O. Box Number is Not Acceptable)
4435 SW 26th Ave
City
Ft Lauderdale
FL
Zip Code
33312

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 Sharon Kraft ABC BOOKKEEPING 4/28/03
Signature, typed or printed name of registered agent and if applicable. DATE

FEE IS $150.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Johnson President 3066 Custer Ave Lake Worth Fl 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE John Patterson 7451 NW 37th Ct. Lauderhill Fl 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

900018476328
05/08/03-01015-001 **150.00

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 4/28/03 561 502-3410
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

04/30