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FILED
Sep 05, 2002 8:00 am
Secretary of State

03-12-2002 90271 034 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082132

1. Entity Name
NICOLE JOHNSON, INC.

Principal Place of Business Mailing Address
7203 GENNAKER DR. 7203 GENNAKER DR.
TAMPA FL 33607 TAMPA FL 33607

2. Principal Place of Business 3. Mailing Address
5815 F Post Corner Trail 5815 F Post Corner Trail
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Centerville, VA 20120 Centerville, VA 20120
 Zip Country Zip Country
20120 USA 20120 USA

4. FEI Number Applied For
59-3599973 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JOHNSON, LAUREN N
7203 GENNAKER DR
TAMPA FL 33607
5815 F Post Corner Trail
Centerville, VA 20120

7. Name and Address of New Registered Agent
 Name: *Deborah Lambert CPA*
 Street Address (P.O. Box Number is Not Acceptable): *1101 Normandy Road*
 City: *Clearwater* FL Zip Code: *33764*

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: *Lauren Nicole Johnson* *Deborah Lambert CPA* DATE: *3-01-02*

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, LAUREN N	
STREET ADDRESS	7203 GENNAKER DR.	
CITY - ST - ZIP	TAMPA FL 33607	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SWANSTON, JOHN	
STREET ADDRESS	710 BYRD CT.	
CITY - ST - ZIP	CHESAPEAKE VA 23320	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson Lauren N	
STREET ADDRESS	5815 F Post Corner Trail	
CITY - ST - ZIP	Centerville, VA 20120	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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: *Lauren Nicole Johnson* DATE: *3/1/02* PHONE: *727-403-3003*

Lauren Nicole Johnson

7/30/02 727-403-3003

CR5EC04 (9/01)