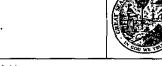
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

1. Entity Name

**DOCUMENT #** 660558

WILLIAM M. JOHNSON & ASSOCIATES, INC.



Principal Place of Business 6902 VALRIE LANE P.O. BOX 1518 (MAILING) RIVERVIEW FL 33569			Mailing Address 6902 VALRIE LANE P.O. BOX 1518 (MAILING) RIVERVIEW FL 33569			**************************************				
2. Principal Place of Business			3. Mailing Address			I	188418 BAIAR ALIAL BUNDI BILAL ALIBA I	<b>                                    </b>		<b>                                    </b>
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State		4. FEI N	FEI Number <b>59-1977068</b>			pplied For ot Applicable	
Zip	Country		Zip	Count	ry	5. Certif			8.75 Additional e.Required	
	d Address of Current	7. Name and Address of New Registered Agent								
			Name							
6902 VALI		. :	Street /		Street Address	ddress (P.O. Box Number is Not Acceptable)				
RIVERVIEV										
		;			City	FL Zip Co		Zip Code	a	
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										
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9	. Election Campaign Finan Trust Fund Contribution.	cing		<b>0</b> May Be I to Fees
10.		OFFICERS AND I	DIRECTORS	11.		ADDITIO	DNS/CHANGES TO OFFICE	ERS AND D	IRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSON, V 6902 VALRIE RIVERVIEW F	LANE	☐ Delete	NAME STREE	ſ			C	Change	Addition ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAME STREE					_ Change	Addition .
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	NAME STREE	ET ADDRESS ST-ZIP				Change	☐ Addition

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY~ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7LP

☐ Delete

☐ Change

☐ Addition

**FILED** 

Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90517 026 \*\*\*150.00