

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State
 05-24-2000 90176 008 ***158.75

DOCUMENT # F99000004465

1. Entity Name
JANSSEN INC.

Principal Place of Business Mailing Address
4500 SALISBURY ROAD 4500 SALISBURY ROAD
JACKSONVILLE FL 32216 JACKSONVILLE FL 32216-0959

2. Principal Place of Business 3. Mailing Address
7500 Centurion Pkwy 7500 Centurion Pkwy
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Ste 100 Ste 100

City & State City & State
Jacksonville, FL Jacksonville, FL
 Zip Zip
32256 32256
 Country Country
Duval Duval

4. FEI Number 22-3665345
 Applied For
 Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	TREMEL, S J	
STREET ADDRESS	4500 SALISBURY ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MEEK, G R	
STREET ADDRESS	4500 SALISBURY ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WARREN, L A	
STREET ADDRESS	ONE JOHNSON & JOHNSON PLAZA	
CITY-ST-ZIP	NEW BRUNSWICK NJ 08933	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BERGIN, J J	
STREET ADDRESS	ONE JOHNSON & JOHNSON PLAZA	
CITY-ST-ZIP	NEW BRUNSWICK NJ 08933	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	STERN, S	
STREET ADDRESS	ONE JOHNSON & JOHNSON PLAZA	
CITY-ST-ZIP	NEW BRUNSWICK NJ 08933	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7500 Centurion Pkwy Ste 100	
STREET ADDRESS	Jacksonville, FL 32256	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7500 Centurion Pkwy Ste 100	
STREET ADDRESS	Jacksonville, FL 32256	
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		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AS Robinson, J. F.	
STREET ADDRESS	1 Johnson & Johnson Plaza	
CITY-ST-ZIP	New Brunswick, NJ 08933	

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: *GARY KALENDER* **GARY KALENDER** **4/26/00** **(904) 443-1057**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)