FILED
Feb 10, 2003 8:00 am
Secretary of State
01-13-2003 90488 032 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/1

DOCUMENT # H11645

1. Entity Name
W.J. JOHNSON & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1876 TRADE CTR WAY SUITE C NAPLES FL 34109 US	1876 TRADE CTR WAY STE C NAPLES FL 34109 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
6612 Mill Run Circle		6612 Mill Run Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Naples, FL		City & State: Naples, FL	
Zip: 34109-7209	Country: Collier	Zip: 34109-7209	Country: Collier

4. FEI Number 59-2428106 ☐ 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
JOHNSON, WILLIAM J. 1876 TRADE CTR WAY STE C NAPLES FL 34109	Name: Street Address (P.O. Box Number is Not Acceptable): ~~6612 Mill Run Circle~~ City: Naples FL Zip Code: 34109-7209

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: William J. Johnson DATE: January 9, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT JOHNSON, WILLIAM J. 6612 MILL RUN CIRCLE NAPLES FL 34109-7209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS JOHNSON, GINA H. 6612 MILL RUN CIRCLE NAPLES FL 34109-7209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 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.

SIGNATURE: SIGNATURE REQUIRED Gina Hahn Johnson 2/6/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

239-596-1107