

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90448 035 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000052489** ✓

1. Entity Name
ROBERT JOHNSON INSURANCE INC

Principal Place of Business
2043 HAWKCREST DRIVE EAST
JACKSONVILLE, FL 32259
Mailing Address
2043 HAWKCREST DRIVE EAST
JACKSONVILLE, FL 32259

2. Principal Place of Business
SAME
3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
59-3649775
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ROBERT C JOHNSON
2043 HAWKCREST DRIVE EAST
JACKSONVILLE, FL 32259

7. Name and Address of New Registered Agent
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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so: (See criteria on back)

PAID IN FULL
NO DUES
NO FEES
NO TAXES
NO STATEMENTS
NO RECORDS
NO REPORTS
NO STATEMENTS
NO RECORDS
NO REPORTS

10. Election Campaign Financing
Trust Fund Contribution
\$8.00
May Be Added to Fees

11. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change Addition

TITLE
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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change Addition

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: *Robert C Johnson* ROBERT C JOHNSON

904-471-4706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Signature Page #

CR2004 (9/99)