

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000077697

1. Entity Name

JOHNSON & LA FLEUR, P.A.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90248 049 ***150.00

0079227

Principal Place of Business

1970 MICHIGAN AVE.. BLDG. 1. STE. 10
COCOA FL 32922

Mailing Address

1970 MICHIGAN AVE.. BLDG. 1. STE. 10
COCOA FL 32922

B0034601



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1970 Michigan Ave.,

Suite, Apt. #, etc.

Bldg. I, Ste. 10

City & State

Cocoa, FL

3. Mailing Address

1970 Michigan Ave.,

Suite, Apt. #, etc.

Bldg. I, Ste. 10

City & State

Cocoa, FL

4. FEI Number

59-3664683

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, DEREK F
300 COLUMBIA DR., #1305
CAPE CANAVERAL FL 32920

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 reinstating)

DATE

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PTD
NAME JOHNSON, DEREK F
STREET ADDRESS 300 COLUMBIA DR., #1305
CITY-ST-ZIP CAPE CANAVERAL FL 32920 ☐ DeleteTITLE VSD
NAME LA FLEUR, DEBORAH L
STREET ADDRESS 814 EAST SOUTH ST.
CITY-ST-ZIP ORLANDO FL 32801 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/01

Date

(321) 433-2311

Daytime Phone #

4/16/01

(321) 433-2311

CR2E034 (10/00)