

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **000000088700**

1. Entity Name

STEVE JOHNSON & ASSOCIATES, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2201 Doe Crossing Ct.

3. Mailing Address  
2201 Doe Crossing Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Orlando, FL

City & State  
Orlando, FL

4. FEI Number  
59-3672363

Applied For  
Not Applicable

Zip  
32837

Country  
U.S.A.

Zip  
32837

Country  
U.S.A.

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Steve Johnson (R.)

Street Address (P.O. Box Number is Not Acceptable)

2201 Doe Crossing Ct.

City Orlando

FL Zip Code 32837

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

President  
Steve R. Johnson  
2201 Doe Crossing Ct. ORLANDO, FL 32837

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Secretary, Director  
Susan H. Johnson  
2201 Doe Crossing Ct. ORLANDO, FL 32837

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

03 JAN -2 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CR2E034B (12/01)

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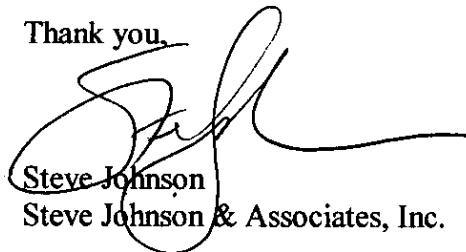
December 27, 2002

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

To Whom It May Concern:

Enclosed is my 2002 UBR form and \$150 annual fee payment. Having not received notice that the form and fee was due, I would like to request that the late fees be waived.

Thank you,



Steve Johnson  
Steve Johnson & Associates, Inc.