

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2003 8:00 am
Secretary of State

07-17-2003 90036 035 ***550.00

DOCUMENT # P01000004431

1. Entity Name
JANICE M. JOHNSON, P.A.



Principal Place of Business
**100 SOUTH PARK BLVD
STE 100
ST AUGUSTINE FL 32086**

Mailing Address
**978 ALCALA DRIVE
ST AUGUSTINE FL 32086**



2. Principal Place of Business

1690 US1 South

3. Mailing Address

Suite, Apt. #, etc.

Suite G

City & State
St Augustine, FL

City & State

4. FEI Number **21-9440106**

Applied For

Not Applicable

Zip **32084** Country **St Johns**

Zip Country

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

6. Name and Address of Current Registered Agent

**Janice M Johnson
978 Alcala Dr
St. Augustine, FL 32086-7167**

7. Name and Address of New Registered Agent

Name **Johnson, Janice M**
Street Address (P.O. Box Number is Not Acceptable) **978 Alcala Drive**
City **St Augustine** FL Zip Code **32086**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE **D** ☐ Delete
NAME **JOHNSON, JANICE M**
STREET ADDRESS **978 ALCALA DRIVE**
CITY-ST-ZIP **ST AUGUSTINE FL 32086**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 receiver or 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

7/17/03 904-825-2700

CR2E034 (4/03)