5/24

FILED
Jun 18, 2002 8:00 am
Secretary of State

05-24-2002 91342 040 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000011709

1. Entity Name

Price & Johnson, P.A.

DO NOT WRITE IN THIS SPACE

[redacted]

93507

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
353 East Forsyth Street	353 East Forsyth Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville Florida	City & State: Jacksonville Florida
Zip: 32202 Country: USA	Zip: 32202 Country:

4. FEI Number: 59-3702330 ☐ Applied For ☐ Not Applicable

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: Nina Price

Street Address (P.O. Box Number is Not Acceptable): 353 East Forsyth Street

City: Jacksonville FL Zip Code: 32202

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: Nina Price NINA R. PRICE

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	Director, P	TITLE	
NAME	Nina Price	NAME	
STREET ADDRESS	353 East Forsyth Street	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32202	CITY-ST-ZIP	
TITLE	Director, V	TITLE	
NAME	Janet Johnson	NAME	
STREET ADDRESS	353 East Forsyth Street	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32202	CITY-ST-ZIP	
TITLE		TITLE	DO NOT WRITE IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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: Nina Price NINA PRICE 4/16/02 904 634-0262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #