

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90178 044 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

80051007



☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # P01000011709	
1. Entity Name PRICE & JOHNSON, P.A.	
Principal Place of Business 353 EAST SOUTH ST. JACKSONVILLE, FL 32202	
Mailing Address 353 EAST SOUTH ST. JACKSONVILLE, FL 32202	
2. Principal Place of Business 225 East Church Street Suite, Apt. #, etc.	3. Mailing Address 225 East Church Street Suite, Apt. #, etc.
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32202	Zip 32202
Country	Country
4. FEI Number 59-3702330	
Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRICE, NINA 353 EAST SOUTH ST. JACKSONVILLE, FL 32202	
7. Name and Address of New Registered Agent Name Price, Nina Street Address (P.O. Box Number Is Not Acceptable) 225 East Church 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)	
DATE _____	
FILE NOW WITH FEE IS \$160.00 After May 11, 2003 Fee will be \$550.00 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	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRICE, NINA 353 EAST SOUTH ST. JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JOHNSON, JANET 353 EAST SOUTH ST. JACKSONVILLE, FL 32202
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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: x <i>[Signature]</i> 3/7/03 407 634 0122	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date	
Daytime Phone #	

CR2E034 (10/02)