## مرين -تيل

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT#**

P01000023356

1. Entity Name

JOHNSON ANDREWS, P.A.



## FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90147 012 \*\*\*150.00

Defended Disc				·		<del>-</del>					
9 SW 13TH	e of Business STREET		Mailing Address 9 SW 13TH STREET								
FORT LAUDERDALE FL 33315		FOF	FORT LAUDERDALE FL 33315								
2. Principal F	Place of Business	<b>3.</b> Ma	iling Address			_				i Balle elle ibeli	
Suite, Apt.	#, etc.	Sui	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			<b>4.</b> F	4. FEI Number 65-1081573			oplied For ot Applicable	
Zip	Country	Country			5. (	Certificate of Status Desired     Second Status Desired     Secon					
6. Name and Address of Current Registered Agent							Name and Address of New Regist	red Agen	t		
الماري والمناطيخ والمراضية والمناطقة والمناطقة والمناطقة والمارية					Name						
JOHNSO		Street Address (P.O. Box Number is Not Acceptal			ox Number is Not Acceptable)						
	TH STREET		-			·					
FORT LAUDERDALE FL 33315								<del></del>			
					City			FL	Zip Code	9	
		ent for the purp	oose of changing its	registere	d office or regi	stered age	ent, or both, in the State of Florida.	l am familia	ar with,	and accept	
the obligat	ions of registered agent.									}	
SIGNATURE .	Signature, typed or printed name of registerer	agent and title if ag	olicable (NOT	F: Registered	Agent signature req	uired when re	rinstation)	ATE		<del></del>	
<del>:</del>			T (10)					-			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00						i	9. Election Campaign Financin			О Мау Ве	
	Payable to Florida Departme						Trust Fund Contribution.		Added	I to Fees	
10.	OFFICERS	AND DIRECTO	DRS	11.		AD	DITIONS/CHANGES TO OFFICERS	AND DIRE	ECTORS	S IN 11	
TITLE	PD OCTAN A		☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS	JOHNSON, SEAN A 9 SW 13TH STREET			NAME STREE	T ADDRESS						
CITY-ST-ZIP	FORT LAUDERDALE FL 333	315		CITY-							
TITLE	D		☐ Delete	TITLE			<del></del>		Change	Addition	
NAME	ANDREWS, TOM			NAME							
STREET ADDRESS CITY-ST-ZIP	9 SW 13TH STREET   Fort Lauderdale FL 333	215		CITY-	T ADDRESS ST-7IP					}	
TITLE	TOTT DAODETBALL TE SOL		Delete	TITLE			<del></del> -	Л	Change	Addition	
NAME	and the continue on the price (the continue of	<u> </u>		NAME		42 m					
STREET ADDRESS					T ADDRESS						
CITY-ST-ZIP	l			CITY-	51-218	<u> </u>					
title Name			☐ Delete	TITLE				انا	Change	☐ Addition	
STREET ADDRESS	H:				F ADDRESS					ļ	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			CITY-S	ST-ZIP		<u>, , , , , , , , , , , , , , , , , , , </u>				
TITLE			☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS				NAME STREE	T ADDRESS						
CITY-ST-ZIP				CITY-S							
TITLE		<del></del>	☐ Delete	TITLE			****		Change	Addition	
NAME	,			NAME	\		•			B 37 /	
STREET ADDRESS CITY-ST-ZIP				STREET CITY-S	TADDRESS						
SITE STEELE				0111-3	., 411		<u> </u>			-	

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 AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

754. H.L. 040