2002 Uniform Business Report (UBR)

Mar 13, 2002 8:00 am DOCUMENT # P01000039643 **Secretary of State** 1. Entity Name CHRISTOPHER D. JOHNSTON, P.A. NOW 03-13-2002 90035 006 ***150.00 AMENDED 12/28/01 Principal Place of Business Mailing Address 1679 METROPOLITAN CIR. PO BOX 14121 TALLAHASSEE FL 32308 TALLAHASSEE FL 32317-4121 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSTON, CHRISTOPHER D Street Address (P.O. Box Number is Not Acceptable) 1679 METROPOLITAN CIR. TALLAHASSEE FL 32308 City Zip Code 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Vice- President TITLE ☐ Delete TITLE Change CR2E034 (9/01) ☐ Addition JOHN P. DEVINE NAME JOHNSTON, CHRISTOPHER D NAME 1679 Metropolitan Crocke STREET ADDRESS 1679 METROPOLITAN CIR. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CiTY-ST-7IP TITLE ☐ Delete TITLE Secretary Devine Change Change Addition NAME NAME 1679 Metalolism Cince STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Fullahassee if C 32317 TITLE ☐ Delete □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied h this filir es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information trate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ecute wis report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report of the corporation or the resupplemental recreases rt is true ar changed, or on an atta SIGNATURE:

OF SIGNING OFFICER OF DIRECTOR

FILED