


FILED  
Apr 15, 2003 8:00 am  
Secretary of State

04-15-2003 90112 002 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 201000057180			
1. Entity Name Johnson + Johnson of Charlotte Inc.			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business 165 Welkiva Springs Rd		3. Mailing Address Same	
Suite, Apt. #, etc. #193		Suite, Apt. #, etc. Same	
City & State Longwood FL		City & State Same	
Zip 32779		Zip Same	
Country USA		Country	
4. FEI Number 59 375 6635		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
<b>DO NOT WRITE IN THIS SPACE</b>			
7. Name and Address of Current Registered Agent			
Name David Johnson			
Street Address (P.O. Box Number is Not Acceptable) 165 Welkiva Springs Rd #193			
City Longwood FL 32779			
City FL 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE David Johnson 11 April 03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP David Johnson 4048 Mallard Dr Ct Orlando FL 32779		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Tanya Johnson 4048 Mallard Dr Ct Orlando FL 32779		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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<b>DO NOT WRITE IN THIS SPACE</b>			
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: David Johnson 4077191818 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034B (12/02)