2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P01000091362 **DOCUMENT #**

1. Entity Name



FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90248 038 ***150.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	JOHNSON FAMILY VENTURES, INC.								
Sufe, Apt. #, etc. City & State City & Sta	1621 SOUTH	OLD DIXIE HWY	1621 SOUTH OLD DIXIE	HWY					
City & State Country S. Certificate of Status Desired S. Fell Number 59-6753509 S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name JOHNSON, JILL 1621 SOUTH OLD DIXE HIGHWAY BUNNELL FL 32110 City FL Zip Code S. The above parend entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and soce the objective of "glottened agent". SIGNATURE Several Address (P.O. Box Number is Not Acceptable) FILE NOW!!! FEL \$150.000 After May 1, 2003 Fee will be \$350.00 After May 2, 2003 Fee will be \$350.00 After May 1, 2003 Fee will be \$350.00 After May 1, 2003 Fee will be \$350.00 After May 1, 2003 Fee will be \$350.00 After May 2, 2003 Fee will be \$350.00 After M	2. Principal P	Place of Business	3. Mailing Address			T ROBILEOT AN OBJEK AISM OSHIA C			
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B. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNSON, JILL 1621 SOUTH OLD DIXIE HIGHWAY BUNNELL FL 32110 City City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accent in cooligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State ORFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME JOHNSON, JILL 1621 SOUTH OLD DIXIE HIGHWAY BUNNELL FL 32110 Delde TITLE NAME SIRE! ADDRESS GIT-51-2P Addl ADDRESS GIT-51-2P TITLE NAME SIRE! ADDRESS GIT-51-2P TITLE NAME SIRE! ADDRESS GIT-51-2P ADDRESS GIT-51-2P TITLE NAME SIRE! ADDRESS GIT-51-2P TITLE NAME SIRE! ADDRESS GIT-51-2P TITLE NAME SIRE! ADDRESS GIT-51-2P TITLE ADDRESS GI	City & Stat	le	City & State			4. FEI Number 59-6753509	 }		``
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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	12. I hereby o	ertify that the information supplied with	n this filing does not qualify fo			ction 119.07(3)(i). Florida Statutes	I further certify	that the in	nformation

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered. 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

SIGNATURE: