

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90096 039 ***150.00

DOCUMENT # P37835

1. Entity Name

FORTUNE - JOHNSON, INC.

Principal Place of Business

Mailing Address

**3988 FLOWERS RD
 STE 610
 ATLANTA GE 30360
 US**

**3988 FLOWERS RD
 STE 610
 ATLANTA GA 30360-3100
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

STE 600

Suite, Apt. #, etc.

STE 600

City & State

City & State

4. FEI Number

58-1948797

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALLDIN, KATHY
 677 GREYWOOD DR.,
 ALTAMONTE SPRINGS FL 32701**

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

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
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **CP**
JOHNSON, H. LEE
 STREET ADDRESS **1750 PROVIDENCE FARM LANE**
 CITY-ST-ZIP **ALPHARETTA GA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VCV**
FORTUNE, J. BRETT
 STREET ADDRESS **9530 RED BIRD LA.**
 CITY-ST-ZIP **ALPHARETTA GA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
BENNETT, LARRY
 STREET ADDRESS **2889 BAKERS FARM**
 CITY-ST-ZIP **ATLANTA GA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TS**
FORTUNE, J. BRETT
 STREET ADDRESS **9530 RED BIRD LA.**
 CITY-ST-ZIP **ALPHARETTA GA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
CRAIG, KAREN
 STREET ADDRESS **2687 BENNINGTON DR**
 CITY-ST-ZIP **MAREITTA GA**

TITLE Change Addition
 NAME
 STREET ADDRESS **7515 BROOKSTEAD CIRCLE**
 CITY-ST-ZIP **DULUTH, GA 30097**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karen Craig
KAREN CRAIG

Date

4-9-00

Daytime Phone #

770-458-5899

CR2E034 (9/99)