

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90388 024 \*\*\*150.00

**DOCUMENT # P37835**

1. Entity Name  
**FORTUNE - JOHNSON, INC.**

Principal Place of Business

**3988 FLOWERS RD  
STE 600  
ATLANTA GE 30360  
US**

Mailing Address

**3988 FLOWERS RD  
STE 600  
ATLANTA GE 30360  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**58-1948797**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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)

**915 Old England Ave.**

City

**Winter Park**

**FL**

Zip Code  
**32789**

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, 2002 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**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **TS CRAIG, KAREN**  
STREET ADDRESS **7515 BROOKSTEAD CIRCLE**  
CITY-ST-ZIP **DULUTH GA 30097**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KAREN CRAIG**

**4-11-02**

Date

**770-458-5899**

Daytime Phone #

CR2E034 (9/01)