

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90100 032 \*\*\*150.00

**DOCUMENT # P94000021280**

1. Entity Name

**JOHNSON AND JOHNSON SERVICES, INC.**

Principal Place of Business

**122 SHERWOOD CIRCLE 10-D  
JUPITER FL 33458**

Mailing Address:

**P.O. BOX 7833  
JUPITER FL 33468-7833**

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 **65-0490066**

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

**MICHAEL D. JOHNSON**  
**122 SHERWOOD CIRCLE 10-D**  
**JUPITER FL 33458**

Name **MICHAEL D. JOHNSON**

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

**122 Sherwood Circle - 10-D**

City **Jupiter**

**FL**

Zip Code **33458**

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 reconstituting)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so ☐

**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

TITLE **PRESIDENT**  
NAME **JOHNSON, MICHAEL D**  
STREET ADDRESS **122 SHERWOOD CIRCLE 10-D**  
CITY-ST-ZIP **JUPITER FL**

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

**MICHAEL D. JOHNSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

**4/10/00**

**561-626-1623**

CR2004 (1/98)