2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000025269 1. Entity Name

LAWRENCE S. JOHNSON AND COMPANY, P.A.

Principal Place of Business

Mailing Address

11799 NW 26TH COURT CORAL SPRINGS FL 33065 11799 NW 26TH COURT CORAL SPRINGS FL 33065-3361

3. Mailing Address 2 Principal Place of Business

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

01-20-2000 90165 030 ***150.00

D0006421

1019/ W SAMPLE RO		• Halling Address			E 1001/100/ 1/10 EDITY OTDIT BOTH OGNIT ODNIT BOTH HIDDE GIVE FLORE OTHER THE TARK		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN TH	IIS SPACE	
City & State	SPRINGS FI	City & State	·	4. F	El Number 65-0486814		pplied For ot Applicable
Zip 330	Country	Zip	Country	5. 0	Certificate of Status Desired	\$8.75 Ad Fee Require	
	6. Name and Address of Current F	legistered Agent		7. h	lame and Address of New Register	ed Agent	
	i		Name		•		
JOHNSON, LAWRENCE S				Street Address (P.O. Box Number is Not Acceptable)			
	9 NW 26TH COURT		 				
COR	AL SPRINGS FL 33065		<u> </u>				
			City	_		FL Zip Coo	le
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office or re	gistered age	ent, or both, in the State of Florida.		
	, <u> </u>		ŭ				
SIGNATURE _			<u>-</u>				
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent signature	required when re	instating) DA	re	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE After MAY 1, 2000 Fee Make Check Payable to D			0 Fee will be \$550	90.0	Election Campaign Financing Trust Fund Contribution.		O May Be d to Fees
11.	OFFICERS AND D		12.		DITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	RS IN 11
TITLE	PD	Delete	TITLE		3/110/10/ 0/ W W 1020 10 0/ 1/02/10	☐ Change	Addition
NAME	JOHNSON, LAWRENCE S	_ Bellie	NAME				
STREET ADDRESS	11799 NW 26TH COURT		STREET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition Addition
NAME			NAME				
STREET ADDRESS City-St-Zip====			STREET ADDRESS				
		Delete	TITLE			☐ Change	Addition
TITLE NAME		☐ Detete	NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	Additio
name Street address :			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	-	☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP				
indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo	true and accurate and that m	v sionature shall hav	e the same i	legal effect as it made unger oath: th	at i am an onice	rorairector

SIGNATURE