

DOCUMENT # P96000074185

1. Entity Name

JOHN MICHAEL CARLSON, P.A.

Principal Place of Business

5155 PALM DR
MELBOURNE FL 32951
US

Mailing Address

5155 PALM DR
MELBOURNE FL 32951-3241
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CARLSON, JOHN MICHAEL
5155 PALM DR
MELBOURNE FL 32951

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3403165

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDRESS CITY-STATE-ZIP	NAME	TITLE	STREET ADDRESS	CITY-STATE-ZIP	Change	Addition
PO CARLSON, JOHN MICHAEL 5155 PALM DR MELBOURNE FL					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

I 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 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 I am, or on an attachment with an address, with all other like empowered.

Signature:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)