

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90166 026 \*\*\*150.00

DOCUMENT # P96000074185



1. Entity Name  
JOHN MICHAEL CARLSON, P.A.

Principal Place of Business 1031 NW 6TH STREET SUITE B-1 GAINESVILLE FL 32601 US	Mailing Address 1031 NW 6TH STREET SUITE B-1 GAINESVILLE FL 32601 US
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2. Principal Place of Business 6333 5th Street Suite, Apt. #, etc.	3. Mailing Address 6333 5th Street Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES

City & State Keystone Heights FL	City & State Keystone Heights FL	4. FEI Number 59-3403165	Applied For <input type="checkbox"/> Not Applicable
Zip 32656	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARLSON, JOHN MICHAEL 1031 NW 6TH STREET SUITE B-1 GAINESVILLE FL 32601	7. Name and Address of New Registered Agent Name John Michael Carlson Street Address (P.O. Box Number is Not Acceptable) 6333 5th Street City Keystone Heights FL Zip Code 32656
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE John M Carlson John Michael Carlson 4/29/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARLSON, JOHN MICHAEL 1031 NW 6TH STREET, SUITE B-1 GAINESVILLE FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Carlson, John Michael 6333 5th Street Keystone Heights FL 32656 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John M Carlson John Michael Carlson 4/29/03 (352)374-6035  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)