

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90111 048 \*\*\*150.00

**DOCUMENT # P98000009893**

**1. Entity Name**  
**TAMI L. JOHNSON, INC.**

**Principal Place of Business**                      **Mailing Address**  
 12510 BRAXTED DR.                                  12510 BRAXTED DR.  
 ORLANDO FL 32837                                  ORLANDO FL 32837-6538



DO NOT WRITE IN THIS SPACE

**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** **APPLIED FOR**  
 59-3488461                      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JOHNSON, TAMI L**  
**12510 BRAXTED DR.**  
**ORLANDO FL 32837**

**7. Name and Address of New Registered Agent**

Name

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

City    **FL**                      Zip Code

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)                      **DATE** \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

**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, 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**

<b>TITLE NAME</b>	<b>DPS JOHNSON, TAMI L</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>	<b>12510 BRAXTED DR.</b>	
<b>CITY-ST-ZIP</b>	<b>ORLANDO FL 32837</b>	
<b>TITLE NAME</b>		<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE NAME</b>		<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
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<b>TITLE NAME</b>		<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE NAME</b>		<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE NAME</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE NAME</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE NAME</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE NAME</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE NAME</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** *Tami L. Johnson*                      **4-17-00**                      **4072405477**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #

CR2E034 (9/99)