

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90161 049 ***150.00

UNIFORM AV

DOCUMENT # P98000019400
 1. Entity Name
THIRTY-NINTH AVENUE PROFESSIONAL CENTER, INC.

Principal Place of Business 101 NW 75TH STREET STE. 1 GAINESVILLE FL 32607	Mailing Address 101 NW 75TH STREET STE. 1 GAINESVILLE FL 32607
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2. Principal Place of Business 3901 SW. 20th Ave.	3. Mailing Address 3901 SW. 20th Ave.
Suite, Apt. #, etc. #901	Suite, Apt. #, etc. #901
City & State Gainesville, FL.	City & State Gainesville, FL.
Zip 32607	Country USA

4. FEI Number **59-3505506** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**JOHNSON, CARL L
 4421 NW 39TH AVE
 BLDG 1., STE 2
 GAINESVILLE FL 32606**

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 _____

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, CARL L 4421 NW 39TH AVE., BLDG 1 STE 2 GAINESVILLE FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PUGH, MERRILL 101 NW 75TH ST #1 GAINESVILLE FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PIA, JOHN 101 NW 75TH ST #1 GAINESVILLE FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Pugh, Merrill 3901 SW. 20th Ave., Ste. 901 Gainesville, FL. 32607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pia, John 3901 SW. 20th Ave. Ste 901 Gainesville, FL. 32607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 I am empowered.

SIGNATURE: *Carl L Johnson* **REQUIRE** 4/2/02 352-692-0591
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)