

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046170

1. Entity Name
JOHNSON CHIROPRACTIC, INC.Principal Place of Business
2717 SANTA BARBARA BLVD.
CAPE CORAL FL 33914Mailing Address
2717 SANTA BARBARA BLVD.
CAPE CORAL FL 339142. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0838040

Applied For

Not Applicable

Zip

Zip

Country

5. Certificate of Status Desired

 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, LARRY D
2717 SANTA BARBARA BLVD.
CAPE CORAL FL 33914

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

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

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D Delete
NAME JOHNSON, LARRY D
STREET ADDRESS 2717 SANTA BARBARA BLVD.
CITY-ST-ZIP CAPE CORAL FL 33914TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D Delete
NAME JOHNSON, KRISTINE K
STREET ADDRESS 2717 SANTA BARBARA BLVD.
CITY-ST-ZIP CAPE CORAL FL 33914TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
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CITY-ST-ZIPTITLE Delete
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CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *JOHN JOHNSON*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-02 941-574-5559

Date

Daytime Phone #

0486101
AVFILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90011 037 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E04 (9/01)