

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90087 042 \*\*\*150.00

**DOCUMENT # P99000011934**

1. Entity Name  
**SHARON B. JOHNSON, P.A.**



Principal Place of Business  
**24 NORTH MARKET STREET  
SUITE 303  
JACKSONVILLE FL 32202**

Mailing Address  
**24 NORTH MARKET STREET  
SUITE 303  
JACKSONVILLE FL 32202**

70003058



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**24 N. Market Street**

Suite, Apt. #, etc.  
**SUITE 501**

City & State  
**Jacksonville FL**

Zip  
**32202**

Country  
**USA**

3. Mailing Address  
**24 N. Market Street**

Suite, Apt. #, etc.  
**SUITE 501**

City & State  
**Jacksonville FL**

Zip  
**32202**

Country  
**USA**

4. FEI Number **59-3558159**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**JOHNSON, SHARON B  
24 NORTH MARKET STREET  
SUITE 303  
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name **SHARON B. JOHNSON**

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

**24 N. Market St.**

**Suite 501**

City **Jacksonville**

**FL**

Zip Code **32202**

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 *Sharon B. Johnson*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-13-03**

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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **JOHNSON, SHARON B**  
STREET ADDRESS **24 NORTH MARKET STREET, SUITE 303**  
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **JOHNSON SHARON B.**  
STREET ADDRESS **24 N. Market Street, Ste 501**  
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Sharon B. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/13/03**

Date

**904-356-6181**

Daytime Phone #

CR2E034 (10/02)