

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90033 038 ***150.00

DOCUMENT # P99000014359

1. Entity Name

MICHAEL K. JOHNSON, PH.D., P.A.

Principal Place of Business

**290 WHITEOAK CIRCLE
 MAITLAND FL 32751**

Mailing Address

**290 WHITEOAK CIRCLE
 MAITLAND FL 32751**

2. Principal Place of Business

4016 Henderson

Suite, Apt. #, etc.

STE. E

City & State

TAMPA - FL

Zip

33679

Country

Hillsborough

3. Mailing Address

PO Box 18441

Suite, Apt. #, etc.

4

City & State

TAMPA FL

Zip

33679-8441

Country

Hillsborough



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3558924

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, MICHAEL K PH.D.
 290 WHITEOAK CIRCLE
 MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name

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

City

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

Michael Johnson PH.D.

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

(NOTE: Registered Agent signature required when re-registering)

DATE

4/27/01

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, 2001 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 **D** ☐ Delete
 NAME **JOHNSON, MICHAEL K PH.D.**
 STREET ADDRESS **290 WHITEOAK CIRCLE**
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Michael K. Johnson PH.D.** ☐ Change ☐ Addition
 NAME **PO Box 18441**
 STREET ADDRESS **Tampa, FL**
 CITY-ST-ZIP **33679-8441**

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

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

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

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

TITLE ☐ 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:

Michael Johnson PH.D.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael K Johnson PH.D 4/27/01 (813) 637-0661

CR2E034 (10/00)