

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90016 028 ***150.00

DOCUMENT # P99000034397

1. Entity Name

STEVEN W. JOHNSON, P.A.

Principal Place of Business

Mailing Address

41 W. MICHIGAN ST., #B
 ORLANDO FL 32806

41 W. MICHIGAN ST., #B
 ORLANDO FL 32803-4820

2. Principal Place of Business

1801 E. Colonial Dr.

3. Mailing Address

1801 E. Colonial Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#101

#101

City & State

City & State

Orlando, FL

Orlando, FL

Zip

Country

Zip

Country

32803 USA

32803 USA

4. FEI Number

59-3569584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, STEVEN W
 41 W. MICHIGAN ST., #B
 ORLANDO FL 32806

Name (SAME)

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

1801 E. Colonial Dr. #

#101

City Orlando

FL

Zip Code 32803

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS JOHNSON, STEVEN W
 CITY-ST-ZIP 41 W. MICHIGAN ST., #B
 ORLANDO FL 32806

TITLE ☐ Change ☐ Addition
 NAME (same name)
 STREET ADDRESS 1801 E. Colonial Dr. #101
 CITY-ST-ZIP Orlando, FL 32803

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

Daytime Phone #

CR2E034 (9/99)