

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

ATX1

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DOCUMENT #	P99000034397
1. Entity Name	
STEVEN W. JOHNSON P.A.	

FILED
03 AUG 18 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
100 S BUMBY AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
B			
City & State		City & State	
ORLANDO, FL			
Zip	Country	Zip	Country
32803			

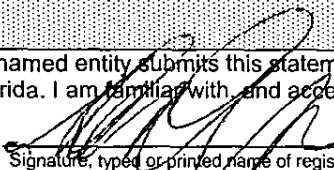
DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3569584	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

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7. Name and Address of Current Registered Agent	
Name	
JOHNSON, STEVEN W	
Street Address (P.O. Box Number is Not Acceptable)	
100 S BUMBY AVE	
SUITE B	
City	Zip Code
ORLANDO	FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  STEVEN W JOHNSON 8/14/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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	PD
NAME	JOHNSON, STEVEN W
STREET ADDRESS	100 S BUMBY AVE
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11.

TITLE	
NAME	
STREET ADDRESS	100022384331
CITY-ST-ZIP	08/18/03-01065-004 **150.00
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  STEVEN W JOHNSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/2003 (407) 845-5389
Date Daytime Phone #

Robinson and Robinson Inc.

10/25/02

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform you that STEVEN W. JOHNSON has relocated. The named Corporation did not receive a Annual Corporate Reports, for the year (2002). Due to these circumstances we are asking that you abate the reinstatement fees. If there are any questions you can contact me at (407) 895-5933.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Maurice Robinson