2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000057966 DOCUMENT

1. Entity Name

IDA V. JOHNSON, INC.



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90072 046 ***150.00

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REFIT L. SWIGERT, P.A. 33 I. NORTH BAY STREET EUSTIS R. City FL City Added to Foodband agent, or both, in the State of Forida. I sent-mental with, and accept the complete foright in present agent, or both, in the State of Forida. I sent-mental with, and accept the complete foright in present agent, or both, in the State of Forida. I sent-mental with, and accept the complete foright in present agent, or both, in the State of Forida. I sent-mental with, and accept the complete foright in present agent, or both, in the State of Forida. I sent-mental with, and accept the complete foright in present agent, or both, in the State of Forida. I sent-mental with, and accept the complete foright in present agent, or both, in the State of Forida. I sent-mental with, and accept the complete foright in present agent, or both, in the State of Forida. I sent-mental with, and accept the complete foright in present agent, or both, in the State of Forida. I sent-mental with, and accept the complete foright in present agent, or both, in the State of Forida. I sent-mental with, and accept the complete foright in present agent, or both, in the State of Forida. In present agent, or both, in the State of Forida. In present age	Zip	Country	Zip	Country		5. Certificate of Status Desired		8.75 Add	ditional
BRETT L. SWIGERT, P.A. \$3.1,NORTH BAY STREET EUSTIS FL • City FL City FL Zip Code Code		6. Name and Address	of Current Registered Agent	-1		7. Name and Address of New Reg		,	
Steel Address (P.C. Box Number a not Acceptable)	DDETT I			Name)				
City FL Zp Code				Stree	t Address (I	P.O. Box Number is Not Acceptable)			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent. SIGNATURE Signature, pined or printed facers of registered agent and title it spirituable. (NOTE Registered Agent agenture required when invitating) DATE	EUSTIS F	L							
SIGNATURE STREET ADDRESS STREET	٠			City			FL	Zip Cod	e
Signature, page or primed named registered appets and titled experience. NOVITE Projection of Angene signature in Astern (Primed Page or primed named registered appets agent and titled experience. Novite Projection of Angene will be \$550.00			statement for the purpose of changing its	s registered office	or register	ed agent, or both, in the State of Florid	ia. I am fai	niliar with,	and accept
Selection Campaign Financing Section Sec	SIGNATURE .	Signature, broad or printed game of re-	enistered event and title if applicable (NO)	TE Registered Agent sig	nature required	when reinstating)	DATE		
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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: