

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90014 003 ***150.00

DOCUMENT # V07979

1. Entity Name
SANDRA W. JOHNSON, P.A.

Principal Place of Business

**2263 ST JOHNS AVENUE
 SUITE 1
 JACKSONVILLE FL 32204
 US**

Mailing Address

**2263 ST JOHNS AVENUE
 SUITE 1
 JACKSONVILLE FL 32204
 US**

2. Principal Place of Business

**219 Newnan St.
 Suite, Apt. #, etc.
 4th FL**

3. Mailing Address

**219 Newnan St.
 Suite, Apt. #, etc.
 4th FL**



DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number **59-3101273**

Applied For
 Not Applicable

Zip **32202**

Country **Duval**

Zip **32202**

Country **Duval**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, SANDRA W.
 2263 ST JOHNS AVENUE
 SUITE 1
 JACKSONVILLE FL 32204**

7. Name and Address of New Registered Agent

Name **Sandra W. Johnson**
 Street Address (P.O. Box Number is Not Acceptable)
219 Newnan St., 4th FL
 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.

SIGNATURE *Sandra W. Johnson*
 Signature, typed or printed name of registered agent and title, if applicable.
Sandra W. Johnson

(NOTE: Registered Agent signature required when reinstating)

Date **1/11/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	JOHNSON, SANDRA W. 2263 ST. JOHNS AVENUE, SUITE 1 JACKSONVILLE FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Sandra W. Johnson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sandra W. Johnson, President

Date **1/11/01**

Daytime Phone # **904-633-9200**

CR2E034 (10/00)