

FILED
Jun 13, 2002 8:00 am
Secretary of State

05-20-2002 90281 001 ***100.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014610

1. Entity Name
T J F USA, LLC

Principal Place of Business
150 N. SWOOPE AVE.
MIATLAND FL 32751

Mailing Address
150 N. SWOOPE AVE.
MIATLAND FL 32751

92728



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3740984

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUTCHINS, ROBERT J
400 NORTH WYMORE ROAD
SUITE 110
WINTER PARK FL 32789

Name Chester Wheeler

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

150 N. SWOOPE AVE

City

Maitland, FL

FL

Zip Code

4/30/02

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]
Signature of or printed name of registered agent and title if applicable.

CFO

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Camp Kitch
8028 Atom Ridge Road
Jacksonville, FL 32254

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Brian Wheeler
1500 Hibiscus Ave
Winter Park, FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President/CFO
Chester Wheeler
150 N. Swoope Ave
Maitland, FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP / Corporate Secretary
Nicole Di Pietro
150 N. Swoope Ave
Maitland, FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]
SIGNATURE REQUIRED

4/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

CR2E083 (9/01)