2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P00000007212

1. Entity Name

T.H.J. ENTERPRISES, INC.



FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90019 011 ***150.00

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|---|--|--|---|---|----------------------------------|--|
| Principal Place of Business 83 \$ JERRREY STREET BEVERLY HILLS FL 34465 | | Mailing Address PO BOX 640728 BEVERLY HILLS FL 34465 | | | | |
| | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES | | |
| City & State | | City & State | | 4. FEI Number 59-3620871 | Applied For Not Applicable | |
| Zip | Country | Zip | Country | | \$8.75 Additional ee Required | |
| | - 6. Name and Address of Current | Registered Agent - | | 7. Name and Address of New Registered A | gent | |
| FREDERICK, TERRANCE J 83 S JERRREY STREET BEVERLY HILLS FL 34465 | | | Street Addre | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | FL | Zip Code | |
| the obliga | itions of registered agent. | or the purpose of changing its | s registered office or reg | jistered agent, or both, in the State of Florida. I am fa | imiliar with, and accept | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOT | FE: Registered Agent signature re | quired when reinstating) DATE | | |
| 9 Afte | FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 ok Payable to Florida Department o | f State | | 9. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS 11 | | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE | PS | ☐ Delete | TITLE | ······································ | ☐ Change ☐ Addition | |
| NAME | FREDERICKS, TERRANCE J | | NAME | | | |
| STREET ADDRESS | 83 S JERRREY STREET | | STREET ADDRESS | | ; | |

CITY-ST-ZIP **BEVERLY HILLS FL 34465** CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ÷ ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LE SIGNATURE AND TYPER OR GRINTEN NAME OF GRINTEN N

352-746-1300

Daytime

avtime Phone #

CR2E034 (10/0