

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90169 023 \*\*\*150.00

**DOCUMENT # P00000029810**

**1. Entity Name**  
**TFP PROPERTIES, INC.**

**Principal Place of Business**

**5011 GATE PARKWAY  
SUITE 150  
JACKSONVILLE FL 32256**

**Mailing Address**

**5011 GATE PARKWAY  
SUITE 150  
JACKSONVILLE FL 32256**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number 59-3637767**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HOWARD, G. ALAN  
50 NORTH LAURA STREET  
SUITE 2750  
JACKSONVILLE FL 32202**

**7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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, 2002 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**

| TITLE | NAME                               | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------------------------------------|----------------|-------------|---------------------------------|
|       | <b>D</b>                           |                |             |                                 |
|       | <b>PETWAY, THOMAS F IV</b>         |                |             |                                 |
|       | <b>5011 GATE PARKWAY SUITE 150</b> |                |             |                                 |
|       | <b>JACKSONVILLE FL 32256</b>       |                |             |                                 |
|       |                                    |                |             | <input type="checkbox"/> Delete |
|       |                                    |                |             | <input type="checkbox"/> Delete |
|       |                                    |                |             | <input type="checkbox"/> Delete |
|       |                                    |                |             | <input type="checkbox"/> Delete |
|       |                                    |                |             | <input type="checkbox"/> Delete |
|       |                                    |                |             | <input type="checkbox"/> Delete |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             |                                 |                                   |
|       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)