

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90164 022 \*\*\*150.00

**DOCUMENT # P97000074401**  
**1. Entity Name**  
**TJP ONE, INC.**

**Principal Place of Business**                      **Mailing Address**  
**90 SOUTH DIXIE HWY**                              **786 HARDWOOD ST.**  
**ST AUGUSTINE FL 32086**                        **ORANGE PARK FL 32065-6267**  
**US**

**2. Principal Place of Business**                      **3. Mailing Address**  
Suite, Apt. #, etc.                                      Suite, Apt. #, etc.  
City & State                                              City & State  
Zip                      Country                      Zip                      Country



DO NOT WRITE IN THIS SPACE

**4. FEI Number** **59-3465550**                      Applied For  
Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**                      **7. Name and Address of New Registered Agent**  
**TILL, ROBERT L**                                      Name  
**786 HARDWOOD ST.**                                      Street Address (P.O. Box Number is Not Acceptable)  
**ORANGE PARK FL 32065**                                      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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)                      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP TILL, ROBERT L 786 HARDWOOD ST. ORANGE PARK FL 32065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST TILL, DEBORAH Y 786 HARDWOOD ST. ORANGE PARK FL 32065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** *Robert Till*                      *Deborah Till*                      *4/24/00*                      *904-272-4334*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #

CH 014 (1/98)