

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90035 035 \*\*\*150.00

**DOCUMENT # P97000074401**

1. Entity Name  
**TJP ONE, INC.**

Principal Place of Business

90 SOUTH DIXIE HWY  
 ST AUGUSTINE FL 32086  
 US

Mailing Address

786 HARDWOOD ST.  
 ORANGE PARK FL 32065

2. Principal Place of Business

3670 US Hwy 1 S  
 Suite, Apt. #, etc.

3. Mailing Address

786 HARDWOOD ST  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**ST. AUGUSTINE FL**

City & State  
**ORANGE-PK FL**

4. FEI Number **59-3465550**

Applied For  
 Not Applicable

Zip  
**32086**

Country  
**ST JOHN'S**

Zip  
**32065**

Country  
**CLAY**

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**  
**786 HARDWOOD ST.**  
**ORANGE PARK FL 32065**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 |
| DP <input type="checkbox"/> Delete | <b>TILL, ROBERT L</b><br>786 HARDWOOD ST.<br>ORANGE PARK FL 32065                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete    | <b>DST</b><br><b>TILL, DEBORAH Y</b><br>786 HARDWOOD ST.<br>ORANGE PARK FL 32065 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete    |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete    |  | <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 L. Till **ROBERT L. TILL** 4/27/01 (904) 272-4334  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)