

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90261 014 ***150.00

DOCUMENT # 215146

1. Entity Name

TBJ HOLDING CORPORATION

Principal Place of Business

8423 SAND POINT DR E
JACKSONVILLE FL 32244
US

Mailing Address

8423 SAND POINT DR E
JACKSONVILLE FL 32244
US

946937



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 59-1217404

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BARNES, DAVID P.
8423 SAND POINT DR E
JACKSONVILLE FL 32244

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, 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

TITLE P ☐ Delete
NAME BARNES, DAVID P
STREET ADDRESS 8423 SAND POINT DR E
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME JOYNER, EARL
STREET ADDRESS 6421 JACK WRIGHT ISLAND RD
CITY-ST-ZIP ST. AUGUSTINE FL 32092

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME TOOMY, WILLIAM H.
STREET ADDRESS 4611 MORRIS RD
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE VD ☒ Change ☐ Addition
NAME Tomy, Wm H
STREET ADDRESS 40 RAMONA ST
CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

DP Barnes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01 904 771-4533

Date Daytime Phone #

CR2E034 (10/00)