

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K07180

1. Entity Name

TJ PLANT PROPERTIES, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90053 005 \*\*\*150.00

Principal Place of Business	Mailing Address
C/O THEODORE N. TAYLOR 202 S COLLINS ST SUITE 1-B PLANT CITY FL 33566	C/O THEODORE N. TAYLOR 202 S COLLINS ST SUITE 1-B PLANT CITY FL 33566-5532 US

2. Principal Place of Business	3. Mailing Address
103 E. Dr. M.L.King Blv Suite, Apt. #, etc. Suite A City & State Plant City, Fl Zip 33566	P.O.Box 2133 Suite, Apt. #, etc. City & State Plant City, Fl Zip 33564
Country Hillsb	Country Hillsb



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2877953	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MELTON, SHARON S  
202 S. COLLINS T.  
PLANT CITY FL 33566

7. Name and Address of New Registered Agent

Name	IMELDA G. CONDE
Street Address (P.O. Box Number is Not Acceptable)	202 South Collins Street
City	Plant City
FL	Zip Code 33566

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 Imelda Conde March 15, 2000  
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, 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																								
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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: SIGNATURE REQUIRED March 15, 2000 813 752 5633  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Theodore N. Taylor Date Daytime Phone #

CR2E034 (9/99)