

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K07180

1. Entity Name

TJ PLANT PROPERTIES, INC.

Principal Place of Business

C/O THEODORE N. TAYLOR
103 E DR M L KING BLVD STE-A
PLANT CITY FL 33566
US

Mailing Address

C/O THEODORE N. TAYLOR
P O BOX 2133
PLANT CITY FL 33564
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CONDE, IMELDA G
202 S. COLLINS T.
PLANT CITY FL 33566

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, 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

TITLE PD ST
NAME TAYLOR, THEODORE N.
STREET ADDRESS 10404 TARA DRIVE
CITY-ST-ZIP RIVERVIEW FL 33569

☐ Delete

TITLE STD
NAME MELTON, SHARON S
STREET ADDRESS 10404 TARA DRIVE
CITY-ST-ZIP RIVERVIEW FL 33569

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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:

Theodore N. Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 13, 2001 (813)752-5633

Date Daytime Phone #

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90543 049 ***150.00

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DO NOT WRITE IN THIS SPACE

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