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## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 22, 2002 8:00 am § Secretary of State DOCUMENT # L01000003458 04-22-2002 90153 025 \*\*\*\*50.00 T. J. INVESTMENTS - PORT CHARLOTTE, LLC Principal Place of Business Mailing Address 1230 S MYRTLE AVE 1290-3-MYRTLE-AVE SUITE 301 SHIE SOF CLEARWATER FL 33756 -CLEARWATER FL-32756 2. Principal Place of Business 3. Mailing Address Box 671 P.O. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Clearwater, FL City & State Applied For 4. FEI Number 59-3704102 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired 33757 US 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRATESI, EMIL G Street Address (P.O. Box Number is Not Acceptable) **1253 PARK ST CLEARWATER FL 33756** City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE TITLE ☐ Change X Addition Delete NAME NAME Robert M. Thompson, Jr. STREET ADDRESS STREET ADDRESS 1230 S. Myrtle Ave., #301 CITY-ST-ZIP CITY-ST-ZIP Clearwater, FL 33756 X Addition TITLE ☐ Delete TITLE Change VP. NAME NAME R.M. Thompson Co. STREET ADDRESS STREET ADDRESS 1230 S. Myrtle Ave., #301 CITY-ST-ZIP CITY-ST-ZIP Clearwater FL 33756 Delete TITLE TITLE Change ★ Addition VP NAME NAME Charles E. Juengling STREET ADDRESS STREET ADDRESS 1230 S. Myrtle Ave., #301 CITY-ST-ZIP CITY-ST-ZIP Clearwater, FL 33756 TITLE TITI F ☐ Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Jr., President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

R.M. Thompson,

SIGNATURE: 9

727-447-1521 Daytime Phone #

Date