

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90139 033 ***150.00

DOCUMENT # L20884

1. Entity Name
TR TOOL REPAIR, INC.

Principal Place of Business

3134 STATE ROAD 60 EAST
VALRICO FL 33594-3450
US

Mailing Address

3134 STATE ROAD 60 EAST
VALRICO FL 33594-3450
US

80044418



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8808 VENTURE COVE
Suite, Apt. #, etc.
103

City & State
TAMPA FL

Zip
33637 Country
HILLSBOROUGH

3. Mailing Address

8808 VENTURE COVE
Suite, Apt. #, etc.
103

City & State
TAMPA FL

Zip
33637 Country
HILLS

4. FEI Number **59-2964783**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JAHN, GERALD
3134 STATE ROAD 60 E
VALRICO FL 33594

7. Name and Address of New Registered Agent

Name **JAHN, GERALD**
Street Address (P.O. Box Number is Not Acceptable)
8808 VENTURE COVE
SUITE 103
City **TAMPA** **FL** Zip Code **33637**

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 *Gerald Jahn Pres* **GERALD JAHN PRES.** **4-27-01**
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	D <input type="checkbox"/> Delete
NAME	JAHN, GERALD
STREET ADDRESS	1201 BRANDON LAKES LN
CITY-ST-ZIP	VALRICO FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	HODIERNE, JAMES S.
STREET ADDRESS	1744 OSPREY LN
CITY-ST-ZIP	LUTZ FL
TITLE	D <input type="checkbox"/> Delete
NAME	JAHN, YVONNE
STREET ADDRESS	1201 BRANDON LAKES LN
CITY-ST-ZIP	VALRICO FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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: *Gerald Jahn Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01 **813 980 0233**
Date Daytime Phone #

CR2E034 (10/00)