1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32913

1. Corporation Name

TBJVC, INC.

Principal Place of Business
AND DRICE AVE

2. Principal Place of Business

2812 PRICE AVE. TAMPA FL 33611 US Mailing Address

2812 PRICE AVE. TAMPA FL 33611

2a. Mailing Address

US

FILED Mar 08, 1999 8:00 am § Secretary of State

03-08-1999 90091 028 ****70.00



3. Date Incorporated or Qualifed

21	Ide of Duzilless	26		06/21/1989		
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For	
22		27		59-2998480	— Not Applicablo ≃	
City & Stat	е	City & State		5. Certificate of Status Desired	\$8.75 Additional	
23		28		5. Certificate of Status Desired 42	Fee Required	
Zip	Country	ZipC	Country	6. Election Campaign Financing	\$5.00 May Be	
24	25	2930		Trust Fund Contribution	Added to Fees	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent	
†			81 Name			
DAGOSTII	NO, RAMON RANDY		82 Street Address (P.O. Box Number is Not Acceptable)			
2812 PRIC						
TAMPA FL			83			
}			84 City		85 Zip Code	
ļ			,	FL		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered						
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the ebligations of, Section 617.0503, Florida Statutes.						
signature Laman Kingaturish, Section of 1, 900, Profit of Statutes.						
	Signature, typed or printed name of registered agent		lered Agent signature required		ID DIRECTORS IN 12	
12.	OFFICERS AND	DINECTORO	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition	
TITLE	D	_	.1 TITLE		Claige Notice	
NAME	DAGOSTINO, RAMON RANDY		2 NAME			
STREET ADDRESS	-	1.	.3 STREET ADDRESS			
CITY-\$T-ZIP	TAMPA FL		.4 CITY-ST-ZIP		Change Addition	
TITLE	ļΤ		.1 TITLE		Change Addition	
NAME	O'CARROLL, EDMUND	_	.2 NAME			
STREET ADDRESS	,	1	.3 STREET ADDRESS -	• -	<u>-</u> . ·	
CITY-ST-ZIP	TAMPA FL		. 4 CITY-ST-ZIP		Change Addition	
TITLE	D		.1 TITLE		Change C Applica	
NAME	O'CARROLL, MELANEY		.2 NAME	•		
STREET ADDRESS		3	.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		.4. CITY-ST-ZIP		Cl Change Cl Addition	
TITLE	S		L1 TITLE		☐ Change ☐ Addition	
NAME	DAGOSTINO, LAURI		. 2 NAME			
STREET ADDRESS			.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		4 CITY-ST-ZIP		- Dohaman Dhaman	
TITLE			i.1 TITLE	•	Change Addition	
NAME	1		.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS]	
CITY-ST-ZIP			4 CITY-ST-ZIP		Change Cladeline	
πιε		- December 1	i.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS		6	3.3 STREET ADDRESS			

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TURNATURA OF SIGNING OFFICER OR DIRECTOR

2-24-99 813-837-8115

CR2E037 (11/98)