

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90140 030 ***155.00

DOCUMENT # P00000046365

1. Entity Name
T.J.A. CORP.



Principal Place of Business
103 US HIGHWAY 1
SUITE F5118
JUPITER FL 33477

Mailing Address
103 US HIGHWAY 1
SUITE F5118
JUPITER FL 33477



2. Principal Place of Business
385 Old Jupiter Beach Rd.

3. Mailing Address
SAm e

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jupiter FL

City & State

4. FEI Number 22-3730786

Applied For
Not Applicable

Zip
33477

Country
Palm Beach

Zip

Country

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

6. Name and Address of Current Registered Agent

TORSIELLO, JOSEPH
103 US HIGHWAY 1
SUITE F5118
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name Joseph Torsietto

Street Address (P.O. Box Number is Not Acceptable)
385 Old Jupiter Beach Rd

City Jupiter

FL

Zip Code 33477

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☒ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME TORSIELLO, JOSEPH N
STREET ADDRESS 10365 HWY 1 SUITE F5-118
CITY-ST-ZIP JUPITER FL 33477

TITLE ☒ Change ☐ Addition
NAME Torsietto Joseph
STREET ADDRESS 385 Old Jupiter Beach Rd
CITY-ST-ZIP Jupiter FL 33477

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/03

561-747-2727

Date

Daytime Phone #

CR2E034 (10/02)