

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065703

1. Entity Name

TJ RENEE, INC.

Principal Place of Business

1817 KALURNA COURT
ORLANDO FL 32806

Mailing Address

1817 KALURNA COURT
ORLANDO FL 32806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3659811

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRIS, JULIE RENEE
1817 KALURNA COURT
ORLANDO FL 32806

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.

(NOT)

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!
After MAY 1, 2001
Make Check Payable to Department of State

FEES IS \$150.00
Fee will be \$550.00

10. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORRIS, JULIE RENEE	
STREET ADDRESS	1817 KALURNA COURT	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 indicated on this report or supplemental report is true and accurate and that n of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Julie R. Morris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER & DIRECTOR

Date

Daytime Phone #

407-895-2059



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90012 033 ***150.00