

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2002 8:00 am
Secretary of State

08-15-2002 90048 043 ***550.00

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
401 W. Fairbanks Ave.

3. Mailing Address
401 W. Fairbank Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Winter Park FL

City & State
Winter Park FL

4. FEI Number **59-3659811**

Applied For
☐ Not Applicable

Zip **32789** Country **USA**

Zip **32789** Country **USA**

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

6. Name and Address of Current Registered Agent

MORRIS, JULIE RENEE
1817 KALURNA COURT
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name **Julie M. Lang**

Street Address (P.O. Box Number is Not Acceptable)

1817 Kalurna Ct.

City **Orlando**

FL

Zip Code **32806**

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 **Julie M. Lang.**

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PD** ☐ Delete
NAME **MORRIS, JULIE RENEE**
STREET ADDRESS **1817 KALURNA COURT**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **owner** ☒ Change ☐ Addition
NAME **Julie M. Lang**
STREET ADDRESS **1817 Kalurna Ct.**
CITY-ST-ZIP **Orlando FL 32806**

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

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

SIGNATURE:

SGA Julie M. Lang
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-12-02 407-244 1984

CR2E034 (4/02)