

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90020 030 ***150.00

0018505

DOCUMENT # P00000088248

1. Entity Name

TMB SOLUTIONS, INC.

Principal Place of Business

11392 MOTOR YACHT DR. NORTH
JACKSONVILLE FL 32225

Mailing Address

11392 MOTOR YACHT DR. NORTH
JACKSONVILLE FL 32225

2. Principal Place of Business

11392 Motor Yacht Dr. N.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 850375
Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLA.

City & State

JACKSONVILLE, FLA

4. FEI Number

59-3670944

Applied For

Not Applicable

Zip

32225

Country

DUAL

Zip

32235

Country

DUAL

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLAZIER & GLAZIER, P.A.
8761 PERIMETER PARK BLVD., SUITE 103
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

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

Nicholas Paul Badida, V.P.

Nicholas Paul Badida, V.P. 4-1-01

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
NAME BADIDA, NICHOLAS P
STREET ADDRESS 11392 MOTOR YACHT DR. NORTH
CITY-ST-ZIP JACKSONVILLE FL 32225

☐ Delete

TITLE D
NAME BADIDA, TAMMY M
STREET ADDRESS 11392 MOTOR YACHT DR. NORTH
CITY-ST-ZIP JACKSONVILLE FL 32225

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Nicholas P. Badida, V.P. NICHOLAS P. BADIDA, V.P. 4-1-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 998-7500

CR2E034 (10/00)