

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 08, 2001 8:00 am**  
**Secretary of State**

08-08-2001 90141 021 \*\*\*150.00

DOCUMENT # P00000109270

1. Entity Name

TJK Relocation Service

Principal Place of Business

Mailing Address

3348 NE 27 Ave.

SAME

Lighthouse Pt, FL 33064

A0080214

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

65-1059795

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Lance P. Mirrer, CPA  
 Ten Thousand Stirling Rd  
 Suite One  
 Cooper City, FL 33024

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.

(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) ☐

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 President and Treasurer ☐ Delete  
 NAME John Kelley  
 STREET ADDRESS 3348 NE 27 Ave.  
 CITY-ST-ZIP Lighthouse Pt., FL 33064

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

Attachment  
February

**Lance P. Mirrer, CPA, P.A.**  
**Certified Public Accountants & Financial Consultants**  
PO Box 260879  
Pembroke Pines, FL 33026  
(954) 432-1099/FAX (954) 443-6123  
E-mail: cpa@taxmancpa.com

July 19, 2001

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
Box 1500  
Tallahassee, FL 32302-1500

Re: JJK Relocation Services  
Doc # P00000109270

Dear Sir or Madam:

Enclosed are properly completed & executed 2001 Uniform Business Report and payment for the above corporation. On behalf of this corporation, I request you abate the late filing penalty due to reasonable cause.

This corporation **never received** their initial filing notice. When they did not receive your renewal notice, they believed I, as their CPA had filed the report for them.

Please call if you need further assistance or clarification of any of these matters.

Sincerely,

  
Lance P. Mirrer, CPA

SENT CERTIFIED MAIL, RETURN RECEIPT REQUESTED # Z847019181