

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90315 050 ***150.00

DOCUMENT # P00000110815

1. Entity Name
T.J. REALTY GROUP, INC.



Principal Place of Business
**10018 SPANISH ISLES BOULEVARD
SUITE A15
BOCA RATON FL 33498**

Mailing Address
**10018 SPANISH ISLES BOULEVARD
SUITE A15
BOCA RATON FL 33498**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVE
CORAL GABLES FL 33134**

Name **KENNETH J COLSON**
Street **10018 SPANISH ISLES BOULEVARD - A15**
City **BOCA RATON** **FL** Zip Code **33498**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/29/03**

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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
NAME **COLSON, KENNETH J**
STREET ADDRESS **18117 BLUE LAKE WAY**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Change ☐ Addition
NAME **COLSON, TAYLOR**
STREET ADDRESS **6647 NW 108 TERRACE**
CITY-ST-ZIP **PARKLAND, FLORIDA 33076**

TITLE **VTD** ☐ Delete
NAME **COLSON, JOY L**
STREET ADDRESS **18117 BLUE LAKE WAY**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☒ Change ☐ Addition
NAME **COLSON, JUSTIN**
STREET ADDRESS **6647 NW 108 TERRACE**
CITY-ST-ZIP **PARKLAND, FLORIDA 33076**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)