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

## **DOCUMENT #**

P01000025925

1. Entity Name

TJFITZGIBBON, INC.



## **FILED** Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90073 003 \*\*\*150.00

Principal Place of Business 2727 NORTH ATLANTIC AVENUE APT. 414 DAYTONA BEACH FL 32118 2. Principal Place of Business Suite, Apt. #, etc.		Aailing Address 2727 NORTH ATLANTIC APT. 414 DAYTONA BEACH FL 32			- I indikana ak ndikalukan bank da	111 <b>88</b> )11 <b>88</b> 11 <b>8</b> 1		<b>8</b> 47 <b>8 8</b> 4 <b>8</b> 474 4 <b>8 8</b> 4		
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #; etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State		4.	4. FEI Number 59-3704909		$\vdash$	Applied For Not Applicable	
Zip .	Countr	у	Zip	Country	5.	Certificate of Status Desired		8.75 Ad	ditional	
	6. Name and Add	ress of Current Regis	stered Agent		7.	Name and Address of New Re	egistered A	gent		
= <b>e</b> ·		. ** **		Name_	تـــ ٠			•.		
FITZGIBBON, THOMAS J 2727 NORTH ATLANTIC AVENUE			Street Addres			(P.O. Box Number is Not Acceptable)				
APT. 414		NUE								
DAYTONA BEACH FL 32118  8. The above named entity submits this statement for the purpose of changing it				City		, - <del>, - , , , , , , , , , , , , , , , ,</del>	FL	Zip Cod		
signature	tions of registered ager	_	if applicable. (NOTI	E: Registered Agent signature of	required when I	einstating)	DATE			
After	ILE NOW!!! FEE !! r May 1, 2003 Fee w k Payable to Florida	ill be \$550.00	e			9. Election Campaign Fina Trust Fund Contribution			00 May Be d to Fees	
10.		OFFICERS AND DIREC	CTORS	11,	Αí	DDITIONS/CHANGES TO OFFIC	CERS AND I	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZGIBBON, THO 2727 NORTH ATL DAYTONA BEACH	ANTIC AVENUE API	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1002110	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		19114		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	***************************************	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			ı	Change	☐ Addition	
TITLE NAME Street Address City-St-Zip			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			ſ	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*******		[	Change	☐ Addition	

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:

(386) 677-7171

Daytime Phone #