

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000036949

1. Entity Name
T.L.J. ENTERPRISE INC.

Principal Place of Business
P.O. BOX 13
WINTER HAVEN FL 33882

Mailing Address
P.O. BOX 13
WINTER HAVEN FL 33882

2. Principal Place of Business
145 Ave A. S.E.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 13
Suite, Apt. #, etc.

City & State
Winter Haven FL
Zip 33880 Country Polk

City & State
Winter Haven
Zip 33882 Country Polk

4. FEI Number
59-3754278

Applied For
Not Applicable

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

EWLES, ERNEST
6304 GROVE POINT DR. S.E.
WINTER HAVEN FL 33884

Name Ernest Ewles
Street Address (P.O. Box Number is Not Acceptable)
6304 GROVE PT. DR. S.E.
City Winter Haven FL Zip Code 33884

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President. ☐ Delete
NAME Ernest W. Ewles
STREET ADDRESS 145 Ave A. S.E.
CITY-ST-ZIP Winter Haven FL 33880

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

TITLE ☐ Delete
NAME Other's
STREET ADDRESS Not Appointed Yet
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Ernest W. Ewles

3-27-02 (843) 292-8484

Date

Daytime Phone #

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-27-2002 90342 006 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)