

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90011 002 ***150.00

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DOCUMENT # P01000060104

1. Entity Name
T.L.M. ENTERPRISES OF JACKSONVILLE, INC.

Principal Place of Business
**7216 FIRESIDE DR.
 JACKSONVILLE FL 32210**

Mailing Address
**7216 FIRESIDE DR.
 JACKSONVILLE FL 32210**

2. Principal Place of Business

3. Mailing Address
P.O. Box 2862

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
JAX FL

4. FEI Number

59-3726885

Applied For

☒ Not Applicable

Zip

Country

Zip
32203

Country

PUVAL

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

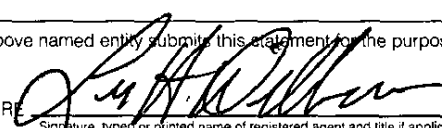
6. Name and Address of Current Registered Agent

**IVEY, TERRENCE L
 1650 ART MUSEUM DR., STE. 11
 JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name
LEE H. WILLIAMS
 Street Address (P.O. Box Number is Not Acceptable)
7216 FIRESIDE DR
 City
JACKSONVILLE FL Zip Code
32210

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  **LEE H. WILLIAMS, DIRECTOR 2-21-02**
 (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

TITLE
D
 NAME
WILLIAMS, LEE H
 STREET ADDRESS
P.O. BOX 2862
 CITY-ST-ZIP
JACKSONVILLE FL 32202

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P/O
 NAME
WILLIAMS, LEE H
 STREET ADDRESS
P.O. BOX 2862 JACKSONVILLE, FL
 CITY-ST-ZIP
32203

TITLE
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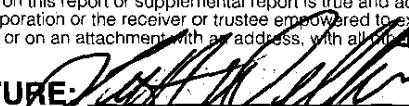
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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  **LEE H. WILLIAMS P/O 2-21-02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/01)