2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State
03-06-2002 90011 002 ***150.00

002693 AV

DOCUMENT # P01000060104

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

Principal Place of Business	Mailing Address
7216 FIRESIDE DR.	7216 FIRESIDE DR.
JACKSONVILLE FL 32210	JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		P.O. BOX 2862	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: JAX FL	
Zip	Country	Zip: 32203	Country: DUVAL

4. FEI Number: 59-3726885 — Applied For ☐ Not Applicable ☑

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: [signature] LEE H. WILLIAMS, DIRECTOR 2-21-02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, LEE H P.O. BOX 2862 JACKSONVILLE FL 32202 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D WILLIAMS, LEE H PO BOX 2862 JACKSONVILLE, FL 32203 ☑ 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	☐ Change ☐ Addition
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CR2E034 (9/01)

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] LEE H. WILLIAMS P/D 2-21-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #