

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

DOCUMENT # P0100060104

1. Entity Name

TLM ENTERPRISES of Jacksonville Inc

FILED
--SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 20 PM 1:19

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7216 Fireside DR

3. Mailing Address

PO BOX 2862

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville

City & State

Florida

4. FEL Number

59-3726885

Applied For

Not Applicable

Zip

32210

Country

Duval

Zip

32203

Country

DUVAL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Lee Williams

Street Address (P.O. Box Number is Not Acceptable)

7216 Fireside DR

City

Jacksonville

FL

Zip Code

32210

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10-20-03

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP

P
Lee Williams
7216 Fireside DR
Jacksonville Fla 32210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900024050839
10/23/03--01059--029 **150.00

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**DO NOT WRITE
IN THIS SPACE**

[Signature]
10/20/20

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 on an attachment with an address with all other like empowered.

SIGNATURE

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

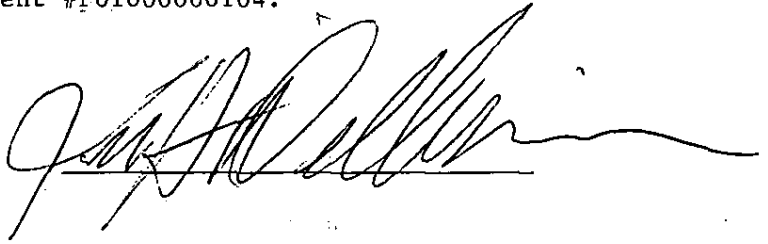
Date

10-20-03

Daytime Phone #

CR2E034B (12/01)

I Lee H. Williams did not receive my first or second UBR for T.L.M.
Enterprises of Jacksonville, In.c Document #P01000060104.

A handwritten signature in black ink, appearing to read "Lee H. Williams", written over a horizontal line.