FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000060104

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 20 PM 1:19

1. Entity Name
TLM Enterprises of Jacksonville Inc

DO NOT WRITE IN THIS SPACE

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7216 Fireside DR Suite, Apt. #, etc.	PO Box 2862 Suite, Apt. #, etc.
City & State: Jacksonville	City & State: Florida
Zip: 32210 Country: Duval	Zip: 32203 Country: DUVAL

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

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: _____ 10-20-03
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) ☐

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 P NAME Lee Williams STREET ADDRESS 7216 Fireside DR CITY-ST-ZIP Jacksonville Fla 32210		TITLE NAME STREET ADDRESS CITY-ST-ZIP 900024050839 10/23/03--01059--029 **150.00	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 10-20-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 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.