2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000015521

1. Entity Name

T.J. KATZ, INC



FILED Apr 24, 2003 8:00 am Secretary of State 04-24-2003 90174 037 ***150.00

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S. Certificate of Status Desired Fee Required F	City & State City & State				⁴ c	FEI Number 3877 25	Ţ	Applied For Not Applicable
KATZ, TERESA J 14286 STIRRUP LANE WELLINGTON FL 33414 Street Address (P.O. Box Number is Not Acceptable) City FL City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable on or registered agent, or both, in the State of Florida. I am familiar with, and acceptable on or registered agent. SIGNATURE Signature, typed or pretect name of registered agent. PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May	Zip	Country	Zip	Country	5.	Certificate of Status Desired		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent. SIGNATURE FILE NOW!! FEE IS \$150.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II TILE NAME ATZ_TERESA J STREET ADDRESS CITY-ST-2P TILE NAME STREET ADDRESS CITY-ST-2P TILE STREET AD	6. Name	and Address of Current F	Registered Agent		7.	Name and Address of New Regi	stered Agent	
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SIGNATURE Signature, typed or printed name of implications agent and title displicable. (NOTE Registered Agent alignature required when reinstalling) Signature, typed or printed name of implications agent and title displicable. (NOTE Registered Agent alignature required when reinstalling) Signature, typed or printed name of implications agent and title displicable. (NOTE Registered Agent alignature required when reinstalling) Part	14286 STIRRUP LANE	:						
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. I am familiar with, and acc the obligations of registered agent. SIGNATURE Signature, typed or privated name of registered agent and bitle if applicable. (NOTE: Registered Agent signature required when renatating) After May 1, 2003 Fee will be \$55.0.00 Make Check Payable to Florida Department of State 10.	WELLINGTON FL 334	14						
The obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-2P WELLINGTON FL 33414 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS CITY-ST-2P				City			FL Zip	Code
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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 direct	NAME STREET ADDRESS CITY-ST-ZIP	a information supplied with t		NAME STREET ADDRESS CITY-ST-ZIP	in Seetles	119 07/3/fi) Florido Statutos Lfue		

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 10 or Block 11 if changed, or on an artistic ment with an address, with all other like empowered.

SIGNATURE