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

DOCUMENT # P02000054913

T.J. FRANKLIN ENTERPRISES, INC.



FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

97 FEB 19 PM 1: 18

DO NOT WRITE IN THIS SPACE

Principal Place of Business 3403 South Gardenia Avenue Suite, Apt. #, etc. City & State Tampa, Florida		3. Mailing Address The same Suite, Apr. #, etc Oity & State					
				Zip	Country	Zip	Country

400089284064 02/27/07--01004--007 **150.00

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Applied For 4. FEI Number 03-0465153 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 33629

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	7. Name and Address of Current Re	gisterea Agent
Name	SPIEGEL & UTRERA, P.A.	
Sugar	Address (P.C) Poy Number is Not Acceptable)	

1840 Southwest 22 Street, 4th Floor ^{City} Miami

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 accept the obligations of registered agent.

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25

SIGNATURE Signature, typed or presed name of registered agent and size if agraicable

(NOTE: Pegistered Agent signature required when reinstating

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS **PSTD** TITLE Thomas J. Franklin NAME NAME 3403 South Gardenia Avenue STREET ADDRESS STREET ADDRESS Tampa, Florida 33629 CHY ST ZIP CITY-ST-ZIP IIILE TITLE NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CiTY-S1-ZiP TITLE HILE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST ZIP CHY-S1-ZIP TITLE IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST ZIP IHE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST ZIP CITY - ST - ZIP TITLE THILE NAME NAME STREET ADDRESS STREET AUDRESS CHY 31-ZIP

12. Thereby certify that the information supplied with this filling does not quality 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 it 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 10 or on an attachment with an address, with all other like empowered.

HOMAS J. FRANKLIN Feb 14, 2001 (813)83

CR2E034B (12/02)