

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90227 019 ***158.75

MARKET AV

DOCUMENT # P02000054913

1. Entity Name
T.J. FRANKLIN ENTERPRISES, INC.



Principal Place of Business
**3403 SOUTH GARDENIA DRIVE
TAMPA FL 33629**

Mailing Address
**3403 SOUTH GARDENIA DRIVE
TAMPA FL 33629**



2. Principal Place of Business
3403 SOUTH GARDENIA AVE

3. Mailing Address
3403 SOUTH GARDENIA AVE

CHECK HERE IF MAKING CHANGES

City & State
TAMPA FL 33629-8207037

City & State
TAMPA FL 33629-8207037

4. FEI Number
03-0465153

Applied For
 Not Applicable

Zip Country
33629 FL

Zip Country
33629 FL

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name
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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FRANKLIN, THOMAS J 3403 SOUTH GARDENIA DRIVE TAMPA FL 33629 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S, T/D, V/L, M FRANKLIN, THOMAS J 3403 SOUTH GARDENIA AVE TAMPA FL. 33629-8207037 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S, T/D, V/L, M FRANKLIN, THOMAS J 3403 SOUTH GARDENIA AVE TAMPA FL. 33629-8207037 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas J. Franklin* **JAN 11, 2003 (813) 839-3238**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)