

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91899 026 \*\*\*150.00

0389246 AV

**DOCUMENT # P02000057808**

1. Entity Name  
T.J.'S TOYS, INC.



Principal Place of Business  
11578 WHITEMARSH DR  
WELLINGTON FL 33414

Mailing Address  
11578 WHITEMARSH DR  
WELLINGTON FL 33414



2. Principal Place of Business  
12692 Shoreline dr.

3. Mailing Address  
12692 Shoreline dr.

Suite, Apt. #, etc.

Apt. 3-D

Suite, Apt. #, etc.

Apt. 3-D

City & State

Wellington FL.

City & State

Wellington FL.

Zip  
33414

Country  
US.

Zip  
33414

Country  
US.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

☐ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEACH, TIMOTHY A JR  
11578 WHITEMARSH DR  
WELLINGTON FL 33414

Name  
Timothy A. Beach Jr.

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

12692 Shoreline dr. Apt. 3-D

City

Wellington

FL

Zip Code

33414

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 *Timothy A. Beach Jr.* Timothy A. Beach Jr.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/03

**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  
D  
BEACH, TIMOTHY A JR  
11578 WHITEMARSH DR  
WELLINGTON FL 33414 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Timothy A. Beach Jr.* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

Date

Daytime Phone #

CR2E034 (10/02)