

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000088122

1. Entity Name

TFP ENTERPRISES, INC.

Principal Place of Business

2727 ATLANTIC BLVD.
JACKSONVILLE FL 32207

Mailing Address

2727 ATLANTIC BLVD.
JACKSONVILLE FL 32207

2. Principal Place of Business

5011 GATE PARKWAY

3. Mailing Address

5011 GATE PARKWAY

Suite, Apt. #, etc.

SUITE 150

Suite, Apt. #, etc.

SUITE 150

City & State

JACKSONVILLE, FLORIDA

City & State

JACKSONVILLE, FLORIDA

Zip

32256

Country

U.S.A.

Zip

32256

Country

U.S.A.

6. Name and Address of Current Registered Agent

STEFFEY, FRED H
6620 SOUTHPPOINT DRIVE SOUTH
JACKSONVILLE FL 32216

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.

SIGNATURE

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 ☐ Delete
NAME PST
STREET ADDRESS PETWAY, THOMAS F. III
CITY-ST-ZIP 2727 ATLANTIC BLVD.
JACKSONVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME PST
STREET ADDRESS PETWAY, THOMAS F. III
CITY-ST-ZIP 5011 GATE PARKWAY, SUITE 150
JACKSONVILLE, FLORIDA, 32256

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

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

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

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

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

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 Block 12 if changed, or on an attachment with an address, without other like employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/01

Date

904 398-3907

Daytime Phone #

0012843

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE