

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90148 048 \*\*\*150.00

**DOCUMENT # P93000088476**

1. Entity Name

**TJB INC.**

Principal Place of Business

**800 2ND AVE NE  
 ST PETERSBURG FL 33701**

Mailing Address

**800 2ND AVE NE  
 ST PETERSBURG FL 33701**

2. Principal Place of Business

3. Mailing Address

**656 66TH AVE SOUTH**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ST. PETERSBURG, FLA**

4. FEI Number

**59-3218709**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33705**

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ADDOMS, ROBERT M  
 800 2ND AVENUE N.E.  
 ST. PETERSBURG FL 33701**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PDC						
	ADDOMS, ROBERT	656 66TH AVENUE	ST PETERSBURG FL				
	V						
	OWENS, JERRY	1731 SILVERWOOD STREET	TARPOON SPRINGS FL				
	TS						
	OWENS, CINDY	144 HIDDEN RIDGE COURT	COLD SPRING KY 41076				

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, with all other like empowered.

**SIGNATURE:** *Robert M. Addoms*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/02 722 866 0639**  
 Date Daytime Phone #

CR2E034 (9/01)