

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000088513

1. Entity Name

T.J.W. INC.

R

FILED

Jul 05, 2000 8:00 am
Secretary of State

05-31-2000 90060 007 ***150.00

Principal Place of Business

Mailing Address

C/O PETER A PORTLEY ESQUIRE
2401 E ATLANTIC BLVD SUITE 410
POMPANO BEACH FL 33062

4846 N UNIVERSITY DR
#293
LAUDERHILL FL 33351-4510
US

2. Principal Place of Business

3. Mailing Address

F.H.O. 4846 N University Dr
Suite, Apt. #, etc.
293

4846 N University Dr
Suite, Apt. #, etc.

City & State

City & State

Lauderhill F
Zip
33351

Country
Broward

Zip

Country

4. FEI Number

65-0460967

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

PORTLEY, PETER A ESQUIRE
2401 EAST ATLANTIC BLVD.
SUITE 410
POMPANO BEACH FL 33062

Name

TROY WILSON

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

4846 N University Dr #293

City

Lauderhill

FL

Zip Code

33351

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

TROY WILSON President

(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, 2000 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	D President	<input type="checkbox"/> Delete
NAME	WILSON, TROY J	
STREET ADDRESS	2401 E ATLANTIC BLVD SUITE 410	
CITY-ST-ZIP	4610 NW 77 TER POMPANO BEACH FL 33062 LAUDERHILL FL 33351	
TITLE	LO	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Loli Wilson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4610 NW 77 TER	
STREET ADDRESS	LAUDERHILL FL 33351	
CITY-ST-ZIP	Secretary	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

TROY WILSON

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E034 (9/99)