

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000037340

i. Entity Name
JACKSONVILLE-TPC/G.P., INC.

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90003 041 ***150.00

Principal Place of Business Mailing Address
1401 BROAD STREET 1401 BROAD STREET
CLIFTON NJ 07013 CLIFTON NJ 07013
US US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number 22-3303988 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (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	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIVKO, TIBOR		NAME		
STREET ADDRESS	341 BROAD STREET		STREET ADDRESS		
CITY-ST-ZIP	CLIFTON NJ 07013		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Resident	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMBROSI, ROBERT J		NAME	Ambrosi, Robert	
STREET ADDRESS	341 BROAD STREET		STREET ADDRESS	401 Broad St	
CITY-ST-ZIP	CLIFTON NJ 07013		CITY-ST-ZIP	Clifton, New Jersey 07013	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREL, MARC		NAME	Perel, Marc	
STREET ADDRESS	341 BROAD STREET		STREET ADDRESS	401 Broad St.	
CITY-ST-ZIP	CLIFTON NJ		CITY-ST-ZIP	Clifton, NJ 07013	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02
Date

973-249-1000
Daytime Phone #

CR2E034 (9/01)