

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000052523

1. Entity Name

TJ COMMUNICATIONS, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90041 031 ***550.00

Principal Place of Business

12096 NW 25TH ST
CORAL SPRINGS FL 33065
US

Mailing Address

12096 NW 25TH ST
CORAL SPRINGS FL 33065
US

2. Principal Place of Business

1719 VESTAL DR.
Suite, Apt. #, etc.

3. Mailing Address

1719 VESTAL DR.
Suite, Apt. #, etc.

City & State

Coral Springs FL
Zip 33071 Country

City & State

Coral Springs, FL
Zip 33071 Country

4. FEI Number

65-0505498

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEITT, JENNIFER
12096 NW 25TH ST.
CORAL SPRINGS FL 33065

Name

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

1719 VESTAL DRIVE

City Coral Springs

FL

Zip Code 33071

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)

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FILE NOW!!! FEE IS \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE P
NAME KEITT, ANTHONY B
STREET ADDRESS 12096 NW 25TH ST
CITY-ST-ZIP CORAL SPRINGS FL 33065

☐ Delete

TITLE V
NAME KEITT, JENNIFER
STREET ADDRESS 12096 NW 25TH ST
CITY-ST-ZIP CORAL SPRINGS FL 33065

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 1719 VESTAL DR.
STREET ADDRESS Coral Springs, FL 33071
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE
NAME 1719 VESTAL DR.
STREET ADDRESS Coral Springs, FL 33071
CITY-ST-ZIP

☒ Change

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TITLE
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CITY-ST-ZIP

☐ Change

☐ Addition

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

Date

Daytime Phone #

9-12-00.