2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

1745 W OAKRIDGE RD

ORLANDO FL 32809

P95000016306

Mailing Address

1. Entity Name TBJ, INC.



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90090 001 ****75.00 02-10-2003 90090 002 ****75.00

Mailing Address	\
3704 NARROLINE DR.	
ORLANDO FL 32818	

JS										
Principal Place of Business 3. Mailing Address				[[BEI[185] (1) Initial State						
Suite, Apt. #	Suite, Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State City & State			State			4. FE	59-3299444		Applied For Not Applicable	
Zip	Country	Country Zip		Country			ertificate of Status Desired Li Fe	e Required		
	6. Name and Address of Current	 Registered	I Agent			7. Na	ame and Address of New Registered Ag	ent		
6. Name and Associated				_Name				=		
- SEITZ, TINA L 3704 NARROLINE DR				Street Address (P.O. Box Number is Not Acceptable)						
							·			
ORLANDO FL 32818				City		FL	Zip Code			
	d and a submitte this statement for	or the num	nse of changing its	register	ed office or regis	stered age	ent, or both, in the State of Florida. I am far	miliar with, a	nd accept	
 The above the obligati 	named entity subtritts this statement it ons of registered agent.	y are being		Ü						
	-								\	
SIGNATURE -	Signature, typed or printed name of registered agent	and title if appl	icable. (NOT	E: Registere	d Agent signature requ	uired when rei	instating) DATE			
Δfter	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00						9. Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
Make Check	Payable to Florida Department of		<u>.</u>	11.			L DITIONS/CHANGES TO OFFICERS AND I	DIRECTORS	IN 11	
10.	OFFICERS AND	DIRECTO		TITL				☐ Change	Addition	
TITLE	D CEITZ TIMA		☐ Delete	NAM	1					
NAME	SEITZ, TINA L 3704 NARROLINE DR.			STR	EET ADDRESS				Ì	
STREET ADDRESS CITY-ST-ZIP	ORLANDO FL 32818			CIT	Y-ST-ZIP					
	D		☐ Delete	TITI	E			Change	☐ Addition	
TITLE NAME	SEITZ, ROBERT B	* *	. —	NA	AE					
STREET ADDRESS	3704 NARROLINE DR.		į	STF	IEET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32818			CIT	Y-ST-ZIP				☐ Addition	
-TITLE			_ Delete	TIT				Change		
NAME					ME				,	
STREET ADDRESS	1				REET ADDRESS Y-ST-ZIP					
CITY-ST-ZIP				-	-			Change	☐ Addition	
TITLE			Delete	TH	I			•		
NAME				1	ME REET ADDRESS					
STREET ADDRESS			,		TY-ST-ZIP					
CITY-ST-ZIP					TLE			☐ Change	☐ Addition	
TITLE			☐ Delete		IME I					
NAME	1				REET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				Cl	TY-ST-ZIP					
0111-51-ZIF		 -	Delete	TI	TLE			Change	Addition	
TITLE			□ Delete		AME					
NAME					REET ADDRESS					
STREET ADDRESS				С	TY-ST-ZIP					
CITY-ST-ZIP	at the the information continue	with this filin	a does not qualify	for the e	xemption stated	in Section	n 119.07(3)(i), Florida Statutes. I further cele legal effect as if made under oath; that I	rtify that the i	information	
12. I hereby	certify that the information supplied w	t is true and	d accurate and tha	t my sigi	nature shall have	the same	e legal effect as if made under oatn; that i	in Block 10 c	or Block 11 if	

indicated on this report or supplied with this filling does not qualify for the exemption stated in Section 118.07(3)(f), Florida Statutes. From the Horman officer or director indicated on this report or supplied ential report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

2-5-03