2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000030715

1. Entity Name

T J S DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
210 RIVERSIDE DRIVE SUITE 502 CORAL SPRINGS FL 33071	210 RIVERSIDE DRIVE SUITE 502 CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
210-UNIVERSITY DR.	210-UNIVERSITY DR.		
Suite, Apt. #, etc. 502	Suite, Apt. #, etc. 502		
City & State CORAL SPRINGS, FL	City & State CORAL SPRINGS, FL	4. FEI Number 65-0638128	Applied For / Not Applicable
Zip 33071	Country U.S.	Zip 33071	Country U.S.	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
KOCH, STEVE 210 RIVERSIDE DRIVE SUITE 502 CORAL SPRINGS FL 33071	Name **STEVE KOCH** Street Address (P.O. Box Number is Not Acceptable) 210-UNIVERSITY DR. #502 City CORAL SPRINGS FL Zip Code 33071

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 X _____

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** NAME **KOCH, STEVEN** STREET ADDRESS **210 RIVERSIDE DRIVE #502** CITY-ST-ZIP **CORAL SPRINGS FL 33071**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEVE KOCH 210-UNIVERSITY DR. #502 CORAL SPRINGS, FL 33071	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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: X _____ STEVEN KOCH 2/24/00 954-346-7288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #