

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000052988

1. Entity Name  
TNT INVESTMENT GROUP, INC.

Principal Place of Business  
2402 NORTH MARKET STREET  
JACKSONVILLE FL 32206  
US

Mailing Address  
P.O. BOX 11119  
JACKSONVILLE FL 32239  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3385804

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

PHILLIPS, ROYCE L JR.  
4110 PINEY CREEK LANE  
JACKSONVILLE FL 32277

Name  
Street Address (P.O. Box Number is Not Acceptable)  
2261 Holly Oaks River Dr  
Jacksonville FL 32225

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 P  
NAME PHILLIPS, ROYCE L JR  
STREET ADDRESS 4110 PINEY CREEK LN  
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME ~~2261~~ P.O. Box 11119  
STREET ADDRESS Tax FL 32239  
CITY-ST-ZIP

TITLE VP  
NAME PHILLIPS, BARBARA C  
STREET ADDRESS 4110 PINEY CK LN  
CITY-ST-ZIP JAX FL 32277 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME P.O. Box 11119  
STREET ADDRESS Tax FL 32239  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara C Phillips  
3/15/01  
904-359-0110  
Date Daytime Phone #

CR2E034 (10/00)