

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

0032016 AV

DOCUMENT # P97000014739

1. Entity Name
T.J.T.S. ENTERPRISES, INC.

03-06-2002 90002 033 ***150.00

Principal Place of Business
6731-11
JACKSONVILLE FL 32205
US

Mailing Address
P O BOX 6457
JACKSONVILLE FL 32236
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3442794**

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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, 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
HAWK, SHAROLYN M
6680 103RD STREET
JACKSONVILLE FL 32210

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VP & Gen Mgr
John P Hawk
4419 Vancouver DR
Jacksonville, FL 32207

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VP
HAWK, DAVID
8406 CORAL CREEK LOOP
HUDSON FL 34667

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
S
FISHER, LISA A
12603 PLEMMER GRANT RD
JACKSONVILLE FL 32258

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
T
HAWK, AMANDA L
4730-2 SAN JOSE MANOR DR W
JACKSONVILLE FL 32217

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
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 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:

Sharolyn M Hawk

Sharolyn M Hawk

Date

Daytime Phone #

2/17/02 904-693-3770

CR2E034 (9/01)