

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90068 001 ***150.00

002400 AV

DOCUMENT # P97000014739

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



Principal Place of Business
**6731-11
JACKSONVILLE FL 32205
US**

Mailing Address
**P O BOX 6457
JACKSONVILLE FL 32236
US**



2. Principal Place of Business

6731-11 STUART AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3442794**

Applied For
Not Applicable

Zip **32254**

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE **VPGM** ☐ Delete
NAME **HAWK, JOHN P**
STREET ADDRESS **4419 VANCOUVER DR**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sharolyn M Hawk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-03

692-3720

Date

Daytime Phone #

CR2E034 (10/02)