

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000039699**

1. Entity Name
TNT TOUCH-UP, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90349 046 ***150.00

80038605



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6638 PUTNAM STREET ST. AUGUSTINE FL 32084		Mailing Address 6638 PUTNAM STREET ST. AUGUSTINE FL 32084	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 58-2314940		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COONEY, THOMAS J 6638 PUTNAM STREET ST. AUGUSTINE FL 32084		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 fee applicant

(NOT: Registered Agent signature required when registering)

(DATE)

9. This corporation is obligate 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 Funds Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P COONEY, THOMAS J 6638 PUTNAM STREET ST AUGUSTINE FL 32084 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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

4/21/01 **461-0326**
Date Date of Filing

CR2E034 (10/00)