

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90034 035 ***150.00

DOCUMENT # P97000053617

1. Entity Name

TJP CORPORATION

Principal Place of Business

Mailing Address

~~751 PARK OF COMMERCE
 SUITE 108
 BOCA RATON FL 33487
 US~~

~~751 PARK OF COMMERCE
 SUITE 108
 BOCA RATON FL 33487-3622
 US~~

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2700 N Military Trail

2700 N. Military Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

100

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

65-0764466

Applied For

Not Applicable

Zip

Country

33431

USA

Zip

Country

33431

USA

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

**PRYOR, THAD
 751 PARK OF COMMERCE
 SUITE 108
 BOCA RATON FL 33487**

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, 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 **PCOO** ☐ Delete
 NAME **PRYOR, THAD**
 STREET ADDRESS **751 PARK OF COMMERCE, SUITE 108**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **C.E.O.** ☐ Change ☒ Addition
 NAME **PRYOR THAD**
 STREET ADDRESS **751 PARK OF COMMERCE SUITE 108**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **VP** ☒ Delete
 NAME **PRYOR, ANGELA**
 STREET ADDRESS **0905 S. INDIAN RIVER DR.**
 CITY-ST-ZIP **FORT PIERCE FL 34982**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)