## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 03, 2001 8:00 am DOCUMENT # P97000053617 **Secretary of State** 1. Entity Name TJP CORPORATION 02-03-2001 90298 004 \*\*\*150 00 Principal Place of Business Mailing Address 2700 N MILITARY TR 2700 N MILITARY TR **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0764466 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRYOR, THAD Street Address (P.O. Box Number is Not Acceptable) 75\PARK OF COMMERCE SUITE 198 BOCA RATON FL 33487 Zip Code 3<u>343</u>/ 8. The above named entity subr atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRES Thad PC00 TITLE ☐ Delete TITLE NAME PRYOR, THAD NAME 2100 H. Military STREET ADDRESS STREET ADDRESS 751 PARK OF COMMERCE, SUITE 108 CITY-ST-ZIP CITY-ST-ZIP Raton **BOCA RATON FL 33487** TITLE CE<sub>0</sub> ☐ Defete behou PRYOR, THAD NAME 00 STREET ADDRESS STREET ADDRESS 751 PARK OF COMMERCE STE 108 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** TITLE Addition \*TITLE == : - Delete \_ [...] Change... NAME NAME STREET ADDRESS STREET ADDRESS 2700 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

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 as upplied 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 as upplied in the properties 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.

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/01 561999-0710