

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90011 037 ***550.00

DOCUMENT # P97000072237

1. Entity Name
TJ'S GOURMET PIZZA CAFE, INC.

Principal Place of Business Mailing Address
1515 GULF BLVD 1515 GULF BLVD
INDIAN ROCKS BEACH FL 33785 INDIAN ROCKS BEACH FL 33785

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

6. Name and Address of Current Registered Agent
SMITH, THOMAS J
1515 GULF BLVD
INDIAN ROCKS BEACH FL 33785

8. The above named entity submits this statement for the purpose of changing its registered agent.
 SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEES \$550.00
After September 12, 2001 Fee will be \$750.00
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	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, TJ	NAME	
STREET ADDRESS	1515 GULF BLVD	STREET ADDRESS	
CITY-ST-ZIP	IND RKS BCH FL	CITY-ST-ZIP	
TITLE	SVP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, LILIANE	NAME	
STREET ADDRESS	1515 GULF BLVD	STREET ADDRESS	
CITY-ST-ZIP	IND. RKS. BCH. FL 33785	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature of the corporation or the receiver or trustee empowered to execute this report as required, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *THOMAS J SMITH*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3475046** Applied For Not Applicable

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

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

and office or registered agent, or both, in the State of Florida.
 Agent signature required when reinstating _____ DATE _____

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

option stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information provided here shall have the same legal effect as if made under oath; that I am an officer or director of the corporation as defined by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if applicable.
J Smith 7/17/01 (727) 596 1515
 Date Daytime Phone #

CR2E034 (5/01)