

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90013 019 ***150.00

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DOCUMENT # P97000079269

1. Entity Name
TMC OF JAX, INC.

Principal Place of Business
**7006 ATLANTIC BLVD.
 JACKSONVILLE FL 32211-8706**

Mailing Address
**7006 ATLANTIC BLVD.
 JACKSONVILLE FL 32211-8706**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5172 Normandy Blvd.

3. Mailing Address
5172 Normandy Blvd.

Suite, Apt. #, etc.

City & State
Jacksonville FL. 32205-4826

City & State
Jacksonville FL. 32205-4826

4. FEI Number **59-3466617** Applied For
 Not Applicable

Zip Country
Duval

Zip Country
Duval

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

6. Name and Address of Current Registered Agent
**AKEL, TISER
 7006 ATLANTIC BLVD.
 JACKSONVILLE FL 32211-8706**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
5172 Normandy Blvd.
 City **Jacksonville** FL Zip Code **32205-4826**

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 *Tiser & Akel*
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD AKEL, TISER 7006 ATLANTIC BLVD. JACKSONVILLE FL 32211-8706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5172 Normandy Blvd. Jacksonville, FL. 32205-4826
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AKEL, CHARLIE 7006 ATLANTIC BLVD. JACKSONVILLE FL 32211-8706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5172 Normandy Blvd. Jacksonville FL. 32205-4826
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AKEL, MICHAEL 7006 ATLANTIC BLVD. JACKSONVILLE FL 32211-8706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5172 Normandy Blvd. Jacksonville, FL. 32205-4826
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: *Tiser & Akel*
 TISER AKEL
 3/11/2002 904 786-7641
 Date Daytime Phone #

CR2E034 (9/01)