

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90134 027 ***150.00

DOCUMENT # P97000090798

1. Entity Name
T. J.'S POUR HOUSE OF PINELLAS, INC.



Principal Place of Business
**210 S. PINELLAS AVE
SUITE 106
TARPON SPRINGS FL 34689
US**

Mailing Address
**5014 COUGAR LOOP
HOLIDAY FL 34690
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3476539**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**BRINSON, WENDELL T SR
5014 COUGAR LOOP
HOLIDAY FL 34690**

Name

Street Address (P.O. Box Number is Not Acceptable)

805 Robin Ave

Palm Harbor

FL

34683

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/12/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BRINSON, WENDELL T SR**
STREET ADDRESS **5014 COUGAR LOOP**
CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE ☐ Change ☐ Addition
NAME **805 Robin Ave**
STREET ADDRESS **Palm Harbor, FL 34683**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BRINSON, DAWN M**
STREET ADDRESS **5014 COUGAR LOOP**
CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE ☐ Change ☐ Addition
NAME **805 Robin Ave**
STREET ADDRESS **Palm Harbor, FL 34683**
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Wendell T. Brinson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-03 (727) 789-4702

Date Daytime Phone #

0588927 AV

CR2E034 (10/02)