

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

**Feb 19, 2001 8:00 am
Secretary of State**

02-19-2001 90053 007 ***150.00

0417701

DOCUMENT # P98000032899

1. Entity Name
T.J.J., INC.

Principal Place of Business 737 GULF COAST BLVD VENICE FL 34292	Mailing Address 737 GULF COAST BLVD VENICE FL 34292
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2. Principal Place of Business 615 Linden Rd	3. Mailing Address 615 Linden Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Venice FL	City & State Venice FL	4. FEI Number 65-0832520	Applied For <input type="checkbox"/>
Zip 34293	Country USA	Zip 34293	Country USA



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAKUBOWSKI, THOMAS J 737 GULF COAST BLVD VENICE FL 34292	7. Name and Address of New Registered Agent Name JAKUBOWSKI, THOMAS, J Street Address (P.O. Box Number is Not Acceptable) 615 Linden Rd City Venice FL Zip Code 34293

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 Thomas J Jakubowski Thomas J Jakubowski 2-16-01
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.

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	D JAKUBOWSKI, THOMAS J 737 GULF COAST BLVD VENICE FL 34292	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAKUBOWSKI, THOMAS J 615 Linden Rd Venice, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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: Thomas J Jakubowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/00)