

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2003 8:00 am**  
**Secretary of State**

05-22-2003 90135 047 \*\*\*150.00

DOCUMENT # **P98000032899**

1. Entity Name  
**T.J.J. Inc.**



**DO NOT WRITE IN THIS SPACE**

**90137303**

2. Principal Place of Business  
**615 Linden Road**  
Suite, Apt. #, etc.

3. Mailing Address  
**615 Linden Road**  
Suite, Apt. #, etc.

City & State  
**Venice, FL**

City & State  
**Venice, FL**

4. FEI Number  
**65-0832520**

Applied For  
 Not Applicable

Zip  
**34293**

Country  
**USA**

Zip  
**34293**

Country  
**USA**

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**Thomas J. Jakubowski**

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

SIGNATURE: **Thomas Jakubowski** **President**

**5-16-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>THOMAS J. JAKUBOWSKI</b> <b>615 Linden Rd.</b> <b>Venice, FL 34293</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Thomas Jakubowski** **THOMAS J. JAKUBOWSKI** **5-16-03** **586-4040**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Attachment

90137303

MAY 16, 2003

DEPARTMENT OF CORPORATION  
UNIFORM BUSINESS REPORT  
P.O. BOX 6327  
TALLAHASSEE FL 32314

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TO WHOM IT MAY CONCERN:

RE: ASSIGNED DOCUMENTATION NUMBER = P98000032899

PER THE ABOVE DOCUMENTATION NUMBER, I AM WRITING TO INFORM YOU THAT THE RENEWAL NOTICE WAS LATE DUE TO NOT RECEIVING INFORMATION ON THE PAYMENT. I HAVE ENCLOSE THE INFORMATION YOU HAVE REQUESTED AND WOULD APPRECIATE THE WAIVE OF ANY LATE FEES. IF YOU NEED MORE INFORMATION REGARDING THIS PLEASE CALL ME AT 941-493-0574. THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION TO THIS MATTER.

SINCERELY



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THOMAS JAKUBOWSKI  
T J J INC.  
TAX ID # 65-0832520  
941-586-4040  
615 LINDEN ROAD  
VENICE FL 34293