

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90106 041 ***150.00

DOCUMENT # P98000061588

1. Entity Name
TMJS CORPORATION



Principal Place of Business
**3127 RESDA COURT
TAMPA FL 33618**

Mailing Address
**3127 RESDA COURT
TAMPA FL 33618**

2. Principal Place of Business

4112-4120 Henderson Blvd
Suite, Apt. #, etc.

3. Mailing Address

16206 BARRINEAU PL
Suite, Apt. #, etc.

City & State
Tampa, FLA

Zip
33629

Country
US

City & State
Lutz, Florida

Zip
33549

Country
US

4. FEI Number **59-3521821**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MANELLI, DENNIS E ESQ
100 NORTH TAMPA STREET
SUITE 200
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BUSTIN, THOMAS A**
STREET ADDRESS **3127 RESDA COURT**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE **VP** ☐ Delete
NAME **BUSTIN, SANDRA**
STREET ADDRESS **3127 RESDA COURT**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **16206 BARRINEAU PL**
CITY-ST-ZIP **Lutz, FLA 33549**

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

SIGNATURE: **Thomas A. Bustin, Director**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03 **(727) 883-2012**
Date Daytime Phone #

CR2E034 (10/02)