## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 27, 2002 8:00 am Secretary of State

DOCUMENT# P990 1. Entity Name  T. J. S., Corr	1000 427	57	05-27-2002 90440	
DO NOT WRITE	IN THIS SE	PACE		,
2. Principal Place of Business, 3. Mailing Address 749 HUNTING LODGE RUG 785 HW 37 AVE Suite, Apt. #, etc.				
MIMI SPUNUS FLA City & State	PUNGS FLO Suite, Apt. #, etc. # 279 City & State		DO NOT WRITE IN THIS SPACE	
Zip Country_	Zip	Country	4. FEI Number	Applied For Not Applicable
33166 DADG	33/25	JOAQ.	<u>}</u>	8.75 Additional ee Required
DO NOT WE	RITE	Name C-HA Street Address	7. Name and Address of Current Registered / YULES C MSIGS.  (P.O. Box Murrber is Not Acceptable)	Agent
IN THIS SPACE 749			HUNTING LODGE DRIVE  SPRING TO FL RIP CONTESTED	
8. The above named entity submits this statement for at SIGNATURE Charles C	Meigs	egistered office or register  PRESIDE  Tegistered agent signatura requiror.	red agent, or both, in the State of Florida.	7 2ip Code 33166
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  11.	This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  January 1 - May 1 Fee is \$150.00  After May 1, Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Department of Ste		10. Election Campaign Financing \$5.00 May Be	
NAME STREET ADDRESS CITY-ST-ZIP  TA9 HUNTING LODGE D MIAMI SPRINGS		TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP		CR2E034B (12/01)
SECRETARY CHARLES CHEIGS CHY-ST-ZIP TILE TILE SECRETARY CHARLES CHEIGS THE HULLING LODGE DE TILE TILE		TITLE NAME STREET ADORESS CITY-ST-ZIP		CR2EG
NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRIT	E
NAME STREET ADDRESS CITY-ST-ZIP TITLE		NAME STREET ADDRESS CITY - ST - UP	IN THIS SPACE	
NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY-SI-ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZiP	ĺ	TITLE NAME STREET ADDRESS CITY-S1-ZIP		
13. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trustee empower attachment with an address, with all other like empower SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED	ed to execute this report as reced.	required by Chapter 607,	ion 119.07(3)(i), Florida Statutes, I turther certify the legal effect as if made under oath; that I am at Florida Statutes; and that my name appears in E	1 Officer or director Block 11 or on an