

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-13-2003 90821 018 ***150.00

DOCUMENT # P99000047254

1. Entity Name
TJE PRODUCTIONS, INC.



Principal Place of Business

~~409 MONTGOMERY RD., STE. 155~~
~~ALTAMONTE SPRINGS FL 32714~~

Mailing Address

P.O. BOX 940849
MAITLAND FL 32794-0849

2. Principal Place of Business

1055 KENSINGTON PARK DR.

Suite, Apt. #, etc.

411

Mailing Address

Suite, Apt. #, etc.

NO CHANGE

City & State

ALTAMONTE SPRINGS

City & State

Zip

Country

32714

SEMINOLE

Zip

Country

4. FEI Number

59-3577967

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

JURGENS, J.A.

505 WEKIVA SPRINGS RD., STE. 800

LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

TOM EMANSKI

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

1055 KENSINGTON PARK DR, SUITE 411

City

ALTAMONTE SPRINGS FL

Zip Code

32714

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)

DATE

1/10/2003

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 NAME	S	<input type="checkbox"/> Delete
STREET ADDRESS	EMANSKI, THOMAS J	
CITY-ST-ZIP	409 MONTGOMERY RD., STE. 155 ALTAMONTE SPRINGS FL 32714	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	PRESIDENT, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	SEC / TREASURER	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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:

SIGNATURE REQUIRED

President

1/10/03

407-786-2443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)