## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 11, 2000 8:00 am Secretary of State DOCUMENT # **P99000049328** 1. Entity Name TJ'S & TRUE INC. 05-11-2000 90304 035 \*\*\*150.00 Principal Place of Business Mailing Address 2796 ASHLEY DR. STE. J ASHLEY DR. STE. J COLOPUUU WEST PALM BEACH FL 33415-8230 ...... PALM BEACH FL 33415 2. Principal Place of Business 3. Mailing Address 2196-ASHLEY DRIVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. KKE W Applied For 4. FEI Number City & State FIORIda Wast PAIM BOACh. 45-093 7285 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П ALM BEACH Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THOMAS TRUE, THOMAS J Street Address (P.O. Box Number is Not Acceptable) 2796 ASHLEY DR. STE. J. WEST PALM BEACH FL 33415 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition PLG510GNT ☐ Delete TITI F TITLE Thomas J TRUG ORIUG NAME NAME STREET ADDRESS STREET ADDRESS WEST PALM BEACH 6/ 334/5 CITY-ST-ZIP CITY-ST-7IP VICE PRESIDENT Change ☐ Addition TITLE TITLE JANICE TRUE TRUE DRIVE NAME STREET ADDRESS STREET ADDRESS WEST PAIM BEACHIR133466 CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change TREASURGA TITLE TITLE Tho MAS- J- TRUG NAME NAME STREET ADDRESS STREET ADDRESS J- ASHLGY DRIVE CITY-ST-ZIP PAIM BEACH.F133415 CITY-ST-ZIP ☐ Addition Change TITLE SECRETALY ☐ Delete TITLE NAME JANICE TEUG 2796-J- ASHLEY OR!UL-WEST PHIM BEACH, F133415 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change Addition TITLE OIRECTOR. NAME DOROYNY H. TRUE - ASHLEY DRIVE-PAIM BEHOLD 33415 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE DIPUCTOR TITLE L. SHEPPAKO NAME NAME SHER! 6831 HBHWAY#4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR