

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057747

1. Entity Name

TJX-3 INC

Principal Place of Business

Mailing Address

P.O. BOX 262196
TAMPA FL 33685

P.O. BOX 262196
TAMPA FL 33685-2196

2. Principal Place of Business

4901 W Linebaugh Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL 33624

City & State

City & State

Zip
33624

Country

Hillsborough

Zip

Country

4. FEI Number

59-3597336

Applied For,

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ADAMS-BEMAN, ANNMARIE
5127 SPRINGWOOD DR.
TAMPA FL 33624

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.

SIGNATURE *Ann Marie Adams Beman* 1/29/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ~~Vice President~~
NAME ~~Ann Marie Adams-Beman~~
STREET ADDRESS ~~5127 Springwood Dr~~
CITY-ST-ZIP ~~TAMPA FL 33624~~

TITLE ~~Asst Manager Vice Pres.~~
NAME ~~Fred Beman~~
STREET ADDRESS ~~5127 Springwood Dr~~
CITY-ST-ZIP ~~TAMPA FL 33624~~

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~President~~
NAME ~~Ann Marie Adams-Beman~~
STREET ADDRESS ~~5127 Springwood Dr~~
CITY-ST-ZIP ~~TAMPA FL 33624~~

TITLE ~~Vice President~~
NAME ~~Fred Beman~~
STREET ADDRESS ~~5127 Springwood Dr~~
CITY-ST-ZIP ~~TAMPA FL 33624~~

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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.

CR2E034 (9/99)