

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90020 013 ***150.00

DOCUMENT # P99000062524

1. Entity Name

TNF, INCORPORATED

Principal Place of Business	Mailing Address
4875 NORTH FEDERAL HWY 10TH FLOOR FORT LAUDERDALE, FL 33306	4875 N. FEDERAL HWY. 10TH FLOOR FORT LAUDERDALE, FL 33306

2. Principal Place of Business	3. Mailing Address
120 LAKEVIEW DRIVE	120 LAKEVIEW DRIVE

Suite, Apt. #, etc.	Suite, Apt. #, etc.
APT 209	APT 209

City & State	City & State
WESTON, FL	WESTON, FL

Zip	Country	Zip	Country
33326		33326	

4. FEI Number	Applied For
65-0939042	Not Applicable

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

DO NOT WRITE IN THIS SPACE

00069752

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REYNOLDS, DOUGLAS H
 3875 NORTH FEDERAL HIGHWAY, 10TH FLOOR
 FORT LAUDERDALE, FL 33308

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

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	PVTS	<input type="checkbox"/> Delete
NAME	BOYKIN, GWENDOLYN R	
STREET ADDRESS	1199 CAMELLIA CIRCLE	
CITY - ST - ZIP	WESTON, FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOYKIN, GWENDOLYN R	
STREET ADDRESS	1199 CAMELLIA CIRCLE	
CITY - ST - ZIP	WESTON, FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	120 LAKEVIEW DRIVE, #209	
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	120 LAKEVIEW DRIVE, #209	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *Gwendolyn R Boykin*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000062524**

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TNF, INCORPORATED

Principal Place of Business

**4875 NORTH FEDERAL HIGHWAY, 10TH FLOOR
FORT LAUDERDALE FL 33308**

Mailing Address

**4875 NORTH FEDERAL HIGHWAY, 10TH FLOOR
FORT LAUDERDALE FL 33308-4810**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

*Attachment
DH#P99000062524
DW69752*

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

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

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**REYNOLDS, DOUGLAS H
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FORT LAUDERDALE FL 33308**

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

City

FL

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(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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PVTS	BOYKIN, GWENDOLYN R	1199 CAMELLIA CIRCLE	WESTON FL 33326	<input type="checkbox"/>
D	BOYKIN, GWENDOLYN R	1199 CAMELLIA CIRCLE	WESTON FL 33326	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	120 Lakewood Dr. #208		Weston	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Uniform Business Report (UBR) Instructions

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING



David Alan Kofsky, P.A.
Certified Public Accountant

Attachment
099000062524
00069752

July 7, 2000

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: TNF Incorporated
Doc # P99000062524

Please find enclosed the 2000 form UBR2000 for our client along with a check for \$150.00. Please abate any late filing penalties which might have accrued. Our client has been embroiled in a divorce in which she has had difficulty getting her mail. We finally got a copy of the form on 5/31/00, but the bottom was cut off. She attempted to get the whole form, but was unable to get to it. We have now prepared a form using our forms program, and are sending a partial copy of her form with it.

For just cause, please abate the penalties and accept the \$150.00 as full payment.
Thank you for your attention in this matter.

Sincerely,

Patricia E. Coury
Certified Public Accountant

Enclosures

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