

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90052 027 \*\*\*150.00

**DOCUMENT # P99000085100**

1. Entity Name

**T & J SCREENPRINTING, INC.**

Principal Place of Business

Mailing Address

**3615 CABANA CT.**

**3615 CABANA CT.**

**PALM HARBOR FL 34684**

**PALM HARBOR FL 34684**

2. Principal Place of Business

**1182 PINE RIDGE CIR W.**

3. Mailing Address

**P.O. BOX 1524**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**C.2**

**OLDSMAR FL.**

City & State

City & State

**TARPON SPRING FL**

**TARPON SPRING FL**

Zip

Country

Zip

Country

**34688**

**FLORIDA**

**34677**

**FLORIDA**

6. Name and Address of Current Registered Agent

**JESSUP, TIMOTHY**

**3615 CABANA CT.**

**PALM HARBOR FL 34684**

Name

**JESSUP Timothy**

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

**1182 PINE RIDGE CIR W C2**

City

**TARPON SPRINGS**

**FL**

Zip Code

**34688**

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

*Timothy Jessup*

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

(NOTE: Registered Agent signature required when reinstating)

**4/23/02**

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, 2002 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 **PS** ☐ Delete  
 NAME **JESSUP, TIMOTHY**  
 STREET ADDRESS **3615 CABANA CT.**  
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **VPT** ☒ Delete  
 NAME **JESSUP, JULIE**  
 STREET ADDRESS **3615 CABANA CT.**  
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☒ Change ☐ Addition  
 NAME **JESSUP, TIMOTHY**  
 STREET ADDRESS **1182 PINE RIDGE CIR W. C2**  
 CITY-ST-ZIP **TARPON SPRINGS FL 34688**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

*Timothy Jessup* **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/02 (727) 423-9701**  
 Date Daytime Phone #

SECRETARY OF STATE

CR2E034 (9/01)