## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 24, 2003 8:00 am Secretary of State **DOCUMENT #** P99000085100 1. Entity Name 03-24-2003 90164 050 \*\*\*150.00 T & J SCREENPRINTING, INC. Principal Place of Business Mailing Address 1182 PINE RIDGE CIR W P.O. BOX 1524 C-2 OLDSMAR FL 34677 TARPON SPRING FL 34688 2. Principal Place of Business 3. Mailing Address 28/ PINE RIOGE CIR E Suite, Apt. #, etc. Suite, Apt. #, etc. 2 ☐ CHECK HERE IF MAKING CHANGES City & State City & State TARPON SPRINGS 4. FEI Number 59-3603200 Applied For Not Applicable Zip Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent JESSUP, TIMOTHY 1182 PINE RIDGE CIR W INE RIDGE C-2 TARPON SPRINGS FL 34688 City TARPON SPRINGS 8. The above named entity spormits 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 SIGNATURE of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOWILL FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE JESSUP, TIMOTHY NAME Addition JOSTAP TIMOTLY NAME 1182 PINE RIDGE CIR W C-2 STREET ADDRESS 1781 PINE RIDGE CIKE DZ STREET ADDRESS TARPON SPRINGS FL 34688 CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINCS FL 34688 TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

**FILED**