

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095231

1. Entity Name
TIO OF JACKSONVILLE, INC.

Principal Place of Business
2902 FOREST CLUB DRIVE
PLANT CITY FL 33567

Mailing Address
2902 FOREST CLUB DRIVE
PLANT CITY FL 33567

2. Principal Place of Business

3111 W. DR ML KING BLVD

Suite, Apt. #, etc.

SUITE 100

City & State

TAMPA FL

Zip

33607

Country

US

3. Mailing Address

3111 W. DR ML KING BLVD

Suite, Apt. #, etc.

SUITE 100

City & State

TAMPA FL

Zip

33607

Country

US

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 27 AM 9:01



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HADLOW, RICHARD B
220 SOUTH FRANKLIN STREET
TAMPA FL 33602

7. Name and Address of New Registered Agent

Phillip E. Johnson

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

3111 W. DR ML KING BLVD

Suite 100

900003447789--4

Tampa

-11/01/00 01113-005

****150,000 FL \$3,000.00

8. The above named Entity submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Phillip E. Johnson

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	<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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT
STREET ADDRESS	PHILLIP E JOHNSON
CITY-ST-ZIP	3111 W. DR ML KING SUITE 100
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33607
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	

Previous notice not received

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:

Phillip E. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

009006

CR2E034 (5/00)