2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P99000096743

1. Entity Name



FILED Apr 04, 2003 8:00 am § Secretary of State ,

TBO ENT	FERTAINMENT, INC.					0101200390000012 130.00			
Principal Place of Business 1821-6 PARENTAL HOME ROAD JACKSONVILLE FL 32216 Mailing Address POST OFFICE BOX 16952 JACKSONVILLE FL 32245-69				952		1 1481441 NA 1808 NAN BAN BAN BAN BAN		. Blood Mil (dri	
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City	City & State			TEI Number 36-4327997		pplied For]
Zip	Country	Zip		Country	5. (Certificate of Status Desired	\$8.75 Ad Fee Require	ditional	
	6. Name and Address of Curre	nt Register	ed Agent		7. N	lame and Address of New Register	ed Agent		1
		ganta (filosopperes) i e	<u>م</u> ے اور ا ستانیں میک واد	Name	ي د توسيد	مسينا والمرابع والم والمرابع والمرابع والمرابع والمرابع والمرابع والمرابع والمرابع و	n		
BOUGUS, TOM 1821-6 PARENTAL HOME ROAD				Street Add	ress (P.O. B	ox Number is Not Acceptable)			
	NVILLE FL 32216					11.07.170			1
:				City		F	Zip Cod	ie	1
8. The above	e named entity submits this statement	for the purp	oose of changing its re-	gistered office or re	gistered age	ent, or both, in the State of Florida.	am familiar with,	and accept	1
the obligat	tions of registered agent.								
SIGNATURE .						,			
	Signature, typed or printed name of registered age	ent and title if app	plicable. (NOTE: R	legistered Agent signature	required when re	instating) DAT	TE		
									i
After	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department					Election Campaign Financing Trust Fund Contribution.)0 May Be d to Fees	
After Make Check	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	of State)RS	11.	AD	Trust Fund Contribution.	☐ Adde	d to Fees	
After Make Check 10.	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department OFFICERS AN	of State		11. TITLE	ΑĐ		Adde	d to Fees	(20
After Make Check	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	of State	DRS Delete		AD	Trust Fund Contribution.	☐ Adde	d to Fees	(10/05)
After Make Check 10. TITLE NAME STREET ADDRESS	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department OFFICERS AN D BOUGUS, TOM 34 TOPPIN DRIVE	of State		TITLE NAME STREET ADDRESS	AD	Trust Fund Contribution.	Adde	d to Fees	34 (10/02)
After Make Check 10. TITLE NAME	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department OFFICERS AN D BOUGUS, TOM	of State	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD	Trust Fund Contribution.	AND DIRECTOR	d to Fees S IN 11 Addition	(2E034 (10/02)
After Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department OFFICERS AN D BOUGUS, TOM 34 TOPPIN DRIVE	of State		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	AD	Trust Fund Contribution.	Adde	d to Fees	CR2E034 (10/02)
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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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

Daytime Phone #

☐ Change

☐ Addition