

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90095 021 ***150.00

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DOCUMENT # S85670

1. Entity Name
T.T.M. ENTERPRISE, INC.



Principal Place of Business
**2905 STETSON ST
MELBOURNE FL 32901
US**

Mailing Address
**2905 STETSON ST
MELBOURNE FL 32901
US**

2. Principal Place of Business

1172 Glenham DR NE.

Suite, Apt. #, etc.

PALM BAY, FL

City & State

Zip
32905

Country
Brevard

3. Mailing Address

1172 Glenham DR NE.

Suite, Apt. #, etc.

City & State

PALM BAY, FL

Zip
32905

Country
Brevard



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3089423**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MAJOR, THOMAS R.
2905 STETSON ST
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name

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

1172 Glenham DR NE

PALM BAY

FL

Zip Code
32905

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **THOMAS R. MAJOR -D-**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MAJOR, THOMAS R.**
STREET ADDRESS **1130 RIVER DR NE**
CITY-ST-ZIP **PALM BAY FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **~~MAJOR, THOMAS R.~~**
STREET ADDRESS **~~1130 RIVER DR NE~~**
CITY-ST-ZIP **~~PALM BAY FL 32905~~**

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

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.

SIGNATURE: **THOMAS R. MAJOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-03

Date

Daytime Phone #

CR2E034 (10/02)