

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

MAF18208 AV

DOCUMENT # 586545

1. Entity Name
R.J. REALTY, INC.

04-23-2002 90417 002 ***150.00

Principal Place of Business 880 CARILLON PARKWAY PO BOX 12749 ST PETERSBURG FL 33733-2749	Mailing Address 880 CARILLON PARKWAY PO BOX 12749 ST PETERSBURG FL 33733-2749
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-1875291** Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIPPENGER, LYNN
 880 CARILLON PARKWAY
 ST. PETERSBURG FL 33716**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	JULIEN, JEFFREY P.	880 CARILLON PKWY	ST PETERSBURG FL	<input type="checkbox"/>	<input type="checkbox"/>
VD	SHUCK, ROBERT F	880 CARILLON PKWY	ST PETERSBURG FL	<input type="checkbox"/>	<input type="checkbox"/>
STD	PIPPENGER, LYNN	880 CARILLON PKWY	ST PETERSBURG FL	<input type="checkbox"/>	<input type="checkbox"/>
P	JAMES, THOMAS A	880 CARILLON PKWY	ST PETERSBURG FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Jeffrey P. Julien** **APR 08 2002** **727-573-3800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)