FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2004 8:00 am
Secretary of State
04-27-2004 90085 019 ***150.00

DOCUMENT # P94000041547

1. Entity Name
RJH OF FLORIDA, INC.

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14009532

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2. Principal Place of Business		3. Mailing Address	
1333 COLLEGE PKWY		1333 COLLEGE PKWY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: GULF BREEZE, FL		City & State: GULF BREEZE, FL	
Zip: 32561	Country: USA	Zip: 32561	Country: USA

4. FEI Number: 35-1923994 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: HOFFMAN, R. J.
Street Address (P.O. Box Number is Not Acceptable): 1333 COLLEGE PKWY
City: GULF BREEZE, FL Zip Code: 32561

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 ____________________
Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 P NAME HOFFMAN, R. J. STREET ADDRESS 1333 COLLEGE PKWY CITY-ST-ZIP GULF BREEZE, FL 32561	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-14-04 260-483-0339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3W1140 1.000