


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90081 036 ***150.00

DOCUMENT # **447114**

1. Entity Name **RJR Professional, Inc.**
1532 McGregor Reserve Dr
Ft. Myers, FL 33901



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **4117 Del Prado Blvd** 3. Mailing Address **1532 McGregor Reserve Dr**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Cape Coral, FL.** City & State **Ft. Myers, FL.** 4. FEI Number **59-1624962**

Zip **33904** Country **Lee** Zip **33901** Country **FL**

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Harvey Rollings**

Street Address (P.O. Box Number is Not Acceptable) **1633 SE 47th Terr**

City **Cape Coral** FL Zip Code **33904**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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/D	TITLE	
NAME	Ollie E Rollings III	NAME	
STREET ADDRESS	1532 McGregor Reserve Dr	STREET ADDRESS	
CITY-ST-ZIP	Ft. Myers, FL 33901	CITY-ST-ZIP	
TITLE	S/T	TITLE	
NAME	Harvey Rollings	NAME	
STREET ADDRESS	24101 Treasure Is Blvd	STREET ADDRESS	
CITY-ST-ZIP	Punta Gorda, FL 33955	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: **Ollie E Rollings III** 2/31/03 239-267-0357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)