

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

03-26-2003 90143 017 ***150.00

DOCUMENT # F86050

1. Entity Name
RJ COMMUNICATION, INC.



Principal Place of Business
**880 CARILLON PARKWAY
P.O. BOX 12749
ST. PETERSBURG FL 33733-2749**

Mailing Address
**880 CARILLON PARKWAY
P.O. BOX 12749
ST. PETERSBURG FL 33733-2749**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2219197**

Applied For
Not Applicable

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

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

Name **Paul L. Matecki**
Street Address (P.O. Box Number is Not Acceptable)
880 Carillon Parkway
City **St. Petersburg** **FL** Zip Code **33716**

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 **Paul L. Matecki, Chief Legal Officer**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES, THOMAS A.	
STREET ADDRESS	880 CARILLON PKWY	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHUCK, ROBERT F.	
STREET ADDRESS	880 CARILLON PKWY	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PIPPINGER, LYNN	
STREET ADDRESS	880 CARILLON PKWY	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SILVER, LAWRENCE A	
STREET ADDRESS	880 CARILLON PKWY	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	PALSHA, GRACE M	
STREET ADDRESS	880 CARILLON PKWY.	
CITY-ST-ZIP	ST. PETE. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael K. White	
STREET ADDRESS	880 Carillon Parkway	
CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharry L. Powell	
STREET ADDRESS	880 Carillon Parkway	
CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: **Michael K. White**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

727-567-3800

Daytime Phone #

CR2E034 (10/02)