

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002614

1. Entity Name

R S J GROUP, INC.

FILED

Feb 08, 2000 8:00 am  
Secretary of State

02-08-2000 90056 016 \*\*\*150.00

Principal Place of Business

Mailing Address

2007 BAYVIEW PLACE  
INDIAN ROCKS BEACH FL 33785

2007 BAYVIEW PLACE  
INDIAN ROCKS BEACH FL 33785-2939

A0017635



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

88-0385690

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

KIMBALL, SUE  
2007 BAYVIEW PLACE  
INDIAN ROCKS BEACH FL 33785

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, 2000 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 PS ☐ Delete  
NAME CROY, RICHARD  
STREET ADDRESS 803 TAHOE BLVD., STE #8  
CITY-ST-ZIP INCLINE VILLAGE NV

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TITLE TD ☐ Delete  
NAME CROY, SUSAN  
STREET ADDRESS 803 TAHOE BLVD., STE #8  
CITY-ST-ZIP INCLINE VILLAGE NV

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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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #