

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

0057842 AV

**DOCUMENT # H93563**

1. Entity Name  
**R. J. CUSTOM BUILDERS, INC.**

03-13-2002 90130 030 \*\*\*150.00

Principal Place of Business  
**% WILLIAM SCOTT FOSTER**  
**909 MAR WALT DRIVE, SUITE 1014**  
**FORT WALTON BEACH FL 32547-6711**

Mailing Address  
**% WILLIAM SCOTT FOSTER**  
**909 MAR WALT DRIVE, SUITE 1014**  
**FORT WALTON BEACH FL 32547-6711**



2. Principal Place of Business  
**231 Country Club**  
 Suite, Apt. #, etc.

3. Mailing Address  
**% DAVID A. SIMPSON**  
 Suite, Apt. #, etc.  
**909 Mar Walt Dr #1024**

DO NOT WRITE IN THIS SPACE

City & State  
**Shalimar FL**  
 Zip  
**32549** Country  
**OKA**

City & State  
**Ft. Walton Beach FL**  
 Zip  
**32548** Country  
**OKA**

4. FEI Number  
**59-2620799**  
 Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**FOSTER, WILLIAM SCOTT**  
**909 MAR WALT DRIVE**  
**SUITE 1014**  
**FORT WALTON BEACH FL 32548**

7. Name and Address of New Registered Agent  
 Name  
**DAVID A. SIMPSON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**909 Mar Walt Dr**  
**#1024**  
 City  
**Ft. Walton Beach FL** Zip Code  
**32548**

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 DATE **3/1/02**  
Signature typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JONKE, ROBERT</b> <b>231 COUNTRY CLUB ROAD</b> <b>SHALIMAR FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST JONKE, SUE ANN</b> <b>231 COUNTRY CLUB ROAD</b> <b>SHALIMAR FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Sue Ann Jonke** **3/1/02** **850 651-3904**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)