

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015299

1. Entity Name

R.B.J. BUSINESS COMPUTING COMPANY, LLC

Principal Place of Business

P.O. BOX 358
OSPREY FL 34229

Mailing Address

P.O. BOX 358
OSPREY FL 34229

2. Principal Place of Business

3986 Tamiami Trail
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 358
Suite, Apt. #, etc.

Venice FL

34293 USA

City & State

Osprey FL
34229 USA

4. FEI Number

308-72-8492

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCPEEK, A. BRENT
3986 S. TAMiami TRAIL
VENICE FL 34293

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HERTER, JAMI J
P.O. BOX 358
OSPREY FL 34229

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
R.B.J. Business Computing, LLC

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400004602794--8
-09/20/01--01066--002
*****50.00 *****50.00

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

JAMI J. HERTER 9/1/01 (941) 416-0409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

000724

CR2E083 (5/01)

STATE OF FLORIDA

FILED

01 SEP 10 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE