

2001 UNIFORM BUSINESS REPORT (UBR)

0028749 AF

DOCUMENT # M00000000109

1. Entity Name

RJW CONSULTING, L.L.C.

FILED

00 FEB -1 AM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

8400 TERRACE COVE COURT
MONTGOMERY AL 36117

Mailing Address

8400 TERRACE COVE COURT
MONTGOMERY AL 36117

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

631241002

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

800003662448--6

-02/08/01--01112--013

*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR
STREET ADDRESS WYNN, RONNIE J
CITY-ST-ZIP P.O. BOX 241165
MONTGOMERY AL 36124-1165

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE NAME
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:

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

Date

Daytime Phone #

1/17/02 334-272-1295

CR2E083 (11/00)