

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90135 032 ***150.00

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DOCUMENT # P00000019194

1. Entity Name
RJDN, INC.



Principal Place of Business
**4612 35TH COURT EAST
BRADENTON FL 34203**

Mailing Address
**4612 35TH COURT EAST
BRADENTON FL 34203**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number **65-0987114**

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

**ST. JOHN, MYONG J
4612 35TH COURT EAST
BRADENTON FL 34203**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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 **P** ☐ Delete
NAME **ST JOHN, MYONG J.**
STREET ADDRESS **4612 35TH CT E**
CITY-ST-ZIP **BRADENTON FL 34203**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Myong J. ST. John **8/1/03** **727-7156**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

RJDN, Inc
4612 35th Ct E.
Bradenton, FL 34203

ATTACHMENT
#P00000019194
80144869

August 1, 2003

Florida Department of State
Uniform Business Report Filing
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Document # P00000019194, (FEI # 65-0987114)

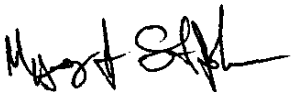
Dear Sir/Madam

During preparation of our quarterly tax report, our accountant noticed that we had not submitted payment for the Uniform Business Report (UBR). In past years we had received a notice of this report (and fee) being due; this year we did not. We subsequently received a notice for a fee due of \$550.00.

My accountant recommended that we draft this letter, and submit it with a payment of \$150.00, explaining that we had not received the regular notice of payment due. Your records will verify that we have always paid this fee in a timely manner in the past.

Thank you for your consideration. Please advise if you require any additional information or documentation.

Sincerely,



Myong J. St John
President