

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

0427138 AV

DOCUMENT # P00000101150

1. Entity Name
RJM MANAGEMENT, INC.



Principal Place of Business
18633 92ND LANE NORTH
LOXAHATCHEE FL 33470

Mailing Address
18633 92ND LANE NORTH
LOXAHATCHEE FL 33470

41002103



2. Principal Place of Business

2002 S.E. Elmhurst Rd
Suite, Apt. #, etc.

3. Mailing Address

2002 S.E. Elmhurst Rd
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

4. FEI Number

59-3683180

Applied For

Not Applicable

Zip
34952

Country
St. Lucie

Zip
34952

Country
St. Lucie

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENNELLA, ROBERTA
18633 92ND LANE NORTH
LOXAHATCHEE FL 33470

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. 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 \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE P
NAME MENNELLA, ROBERTA
STREET ADDRESS 18633 92ND LA N
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE P
NAME Mennella, Roberta
STREET ADDRESS 2002 S.E. Elmhurst Rd
CITY-ST-ZIP Port St. Lucie, FL 34952

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

Robert Mennella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03
Date

772 398-3282
Daytime Phone #

CR2E034 (10/02)