2002 Uniform Business Report (UBR)

Mar 31, 2002 8:00 am Secretary of State DOCUMENT # P00000106752 1. Entity Name 03-31-2002 90363 010 ***150.00 RJ TRANSPORT INC. Principal Place of Business Mailing Address 1525 EDEN ISLE BLVD NE. STE 346 1525 EDEN ISLE BLVD NE. STE 346 ST PETERSBURG FL 33704 ST PETERSBURG FL 33704 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3685939 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REDZIC. JUSUF Street Address (P.O. Box Number is Not Acceptable) 1525 EDEN ISLE BLVD NE, STE 346 ST PETERSBURG FL 33704 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE ☐ Change Addition NAME REDZIC, JUSUF NAME STREET ADDRESS 1525 EDEN ISLE BLVD NE, STE 346 STREET ADDRESS CITY-ST-ZIF ST PETERSBURG FL 33704 CITY-ST-ZIF TITLE **K**Delete TITLE ☐ Change ☐ Addition NAME HOTILOVAC, AMIR STREET ADDRESS 8121 RIVERSIDE DR NE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETRSBURG FL 33702 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME REDZIC, ERNA STREET ADDRESS 1525 EDEN ISLE BLVD., STE. 346 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33704 TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.