## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P01000013292 DOCUMENT #

1. Entity Name

R.J.H. SERVICES, INC.



## FILED Mar 19, 2003 8:00 am & Secretary of State 03-19-2003 90112 005 \*\*\*150.00

FORREST DRIVE NORTH				<del></del>					
Principal Place of Business 5750 CEDER FORREST DRIVE NORTH JACKSONVILLE FL 32210		Mailing Address 5750 CEDER FORREST DRIVE NORTH JACKSONVILLE FL 32210							
2. Principal Place of Business		3. Mailing Address							
#, etc.	Su	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING	CHANGES		
te	Cit	City & State			4.	4. FEI Number 59-3696560 Applied For Not Applicable			
Countr	y Zip	Zip Country		ntry	5.	5. Certificate of Status Desired S8.75 Additional			
6. Name and Address of Current Registered Agent				1	7				
	- Coo or Carron Hogical	ou Agoin		Name		Traine and Address of New Registered A	ienr		
SPIEGEL & UTRERA, P.A.									
343 ALMERIA AVENUE				Street Addre	ess (P.O. E	Box Number is Not Acceptable)			
ADLES FL 33134				L					
				City		FL	Zip Cod	le	
		oose of changing it	s registere	ed office or reg	jistered ag	gent, or both, in the State of Florida. I am fa	miliar with,	and accept	
Signature, typed or printed nar	ne of registered agent and title if ap	plicable. (NO	TE: Registere	d Agent signature re	quired when r	reinstating) DATE			
		· · · · · · · · · · · · · · · · · · ·			<u> </u>				
r May 1, 2003 Fee w	ill be \$550.00					9. Election Campaign Financing Trust Fund Contribution.		May Be	
			_						
	OFFICERS AND DIRECTO		_		A(	7-74	•		
HYERS, REGINA 5750 CEDER FORREST DRIVE NORTH				ET ADDRESS			Change	Addition	
		☐ Delete	NAMI STRE	ET ADDRESS		- 1	Change	☐ Addition	
	Terri .	Delete	NAMI STRE	E ET ADDRESS	ن نام	y ny vertaga y matana ara-ara-ara-ara-ara-ara-ara-ara-ara-ar	Change	Addition	
		☐ Delete	NAME STREE	E ET ADDRESS		!	Change	Addition	
		☐ Delete	NAME STREE	ET ADDRESS			Change	Addition	
		☐ Delete	NAME	<b>I</b>			Change	Addition	
	#, etc.  te  Countr  6. Name and Add  & UTRERA, P.A.  FILA AVENUE  ABLES FL 33134  c named entity submits tions of registered ager  Signature, typed or printed nar  ILE NOW!!! FEE !!  r May 1, 2003 Fee w  c Payable to Florida  PSTD  HYERS, REGINA  5750 CEDER FORF	#, etc. Suite Cit  Country Zip  6. Name and Address of Current Register  8 UTRERA, P.A.  FRIA AVENUE  ABLES FL 33134  In named entity submits this statement for the purplions of registered agent.  Signature, typed or printed name of registered agent and title if ap  ILE NOW!!! FEE IS \$150.00  r May 1, 2003 Fee will be \$550.00  c Payable to Florida Department of State  OFFICERS AND DIRECTO  PSTD  HYERS, REGINA  5750 CEDER FORREST DRIVE NORTH	#, etc.   Suite, Apt. #, etc.    City & State    Country   Zip    6. Name and Address of Current Registered Agent    & UTRERA, P.A.    RIA AVENUE    ABLES FL 33134    shamed entity submits this statement for the purpose of changing it it it it it it it is it it it is it it it is it it is it in the purpose of changing it it is of registered agent.    (NO ILE NOW!!! FEE IS \$150.00    r May 1, 2003 Fee will be \$550.00    r May 1, 2003 Fee will be \$550.00    r Payable to Florida Department of State    OFFICERS AND DIRECTORS    PSTD   Delete    Delete	#, etc.   Suite, Apt. #, etc.	#, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  S. Name and Address of Current Registered Agent  Name  Street Address Agent  Name  Street Address Agent  Name  Street Address Agent  Name  Street Address Agent  City  In named entity submits this statement for the purpose of changing its registered office or regions of registered agent.  Note: Registered Agent signature to grow the purpose of changing its registered Agent signature to gloss of registered agent.  Note: Registered Agent signature to grow the purpose of changing its registered Agent signature to gloss of registered agent.  Note: Registered Agent signature to grow the purpose of changing its registered Agent signature to gloss of re	the City & State	#. etc.   Sulte, Apt. #. etc.   CHECK HERE IF MAKING I  To Country   Zip   Country   5. Cartificate of Status Desired   \$  Country   Zip   Country   5. Cartificate of Status Desired   \$  Country   Zip   Country   5. Cartificate of Status Desired   \$  Country   Zip   Street Address of Name and Address of New Registered Agent   7. Name and Address   7. Name and Address of New Registered Agent   7. Name and Address   7. Nam	F. RIC.  Suite, Apt. W. etc.  City & State  Country  Zip  Country  F. Country  Zip  Country  F. Countr	

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:** 

904.813.6743