

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90132 030 \*\*\*150.00

**DOCUMENT # P01000041150**

1. Entity Name  
**RAJ BUILDING CONCEPTS, INC.**



Principal Place of Business  
**7507 SEARS BLVD.**  
**PENSACOLA FL 32514**  
**US**

Mailing Address  
**6850 CEDAR RIDGE CIR.**  
**MILTON FL 32570**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**4206 NORTH "P" Street**  
Suite, Apt. #, etc.

3. Mailing Address  
**4206 NORTH "P" Street**  
Suite, Apt. #, etc.

City & State  
**PENSACOLA FLA**

City & State  
**PENSACOLA FLA**

4. FEI Number  
**59-3723760**

Applied For  
Not Applicable

Zip  
**32505-4338**  
Country  
**EXAMBLA**

Zip  
**32505-4338**  
Country  
**EXAMBLA**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ISAACSON, ALAN**  
**6850 CEDAR RIDGE CIR.**  
**MILTON FL 32570**

**7. Name and Address of New Registered Agent**

Name  
**Aubrey A. Johnson**  
Street Address (P.O. Box Number is Not Acceptable)  
**4206 NORTH "P" Street**  
**Pensacola, FL 32505-4338**  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	<b>D</b>	<b>ISAACSON, ALAN</b>	<b>6850 CEDAR RIDGE CIR.</b>	
		<b>MILTON FL 32570</b>		
	<b>D</b>	<b>JOHNSON, AUBREY</b>	<b>8611 VANCE AVE.</b>	<input type="checkbox"/> Delete
		<b>PENSACOLA FL 32535</b>		
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: **Aubrey A. Johnson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-2503** **850-469-9993**  
Date Daytime Phone #

CR2E034 (10/02)