

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90144 001 ***150.00

DOCUMENT # P01000063606

1. Entity Name

RJPJ, INC.

Principal Place of Business

**260 FIRST AVE SOUTH STE 100
 ST PETERSBURG FL 33701**

Mailing Address

**PO BOX 3541
 ST PETERSBURG FL 33731-3541**

2. Principal Place of Business

3. Mailing Address

Mattison's

Suite, Apt. #, etc.

111 2nd Ave. NE

City & State

St. Petersburg

Zip

33701

Country

Pinellas

Zip

Country

4. FEI Number

59-3719778

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SCHERER, PAUL C ESQ

2255 FIFTH AVE NORTH

ST PETERSBURG FL 33713

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.

SIGNATURE **Paul Scherer Esq.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/9/02
 DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **President** ☐ Delete

NAME **Jason Sango**
 STREET ADDRESS **9644 Fox Hearst Rd,**
 CITY-ST-ZIP **Tampa FL, 33647**

TITLE **Secretary** ☐ Delete

NAME **Ralph Spagnolo**
 STREET ADDRESS **14263 Puffin Ct.**
 CITY-ST-ZIP **Clearwater, FL, 33762**

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
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TITLE ☐ Delete

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 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

CR2E034 (9/01)

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.

SIGNATURE: **Jason Sango**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02
 DATE

813-390-1070
 Daytime Phone #