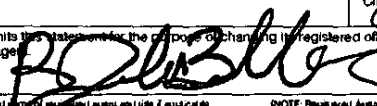
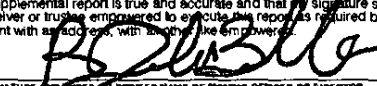


FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90185 005 ***158.75

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

DOCUMENT # P01000095586		
1. Entity Name RJB3 COMPANY, INC.		
Principal Place of Business 2700 SW 13 ST GAINESVILLE, FL 32608		Mailing Address PO BOX 12141 GAINESVILLE, FL 32604
2. Principal Place of Business 2306 SW 13th ST Suite, Apt. #, etc. #505 City & State GAINESVILLE, FL Zip 32608		3. Mailing Address 2306 SW 13th ST Suite, Apt. #, etc. #505 City & State GAINESVILLE, FL Zip 32608
4. FEI Number 59-3682604		Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BOBBER, ROBERT J III 220 NW 16 TERR, #204 GAINESVILLE, FL 32603		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10000 SW 52nd AVE Apt 15-184 City GAINESVILLE FL Zip Code 32608
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  DATE 4/1/03 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when necessary)		
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP BOBBER, ROBERT J III 2700 SW 13TH ST GAINESVILLE, FL 32603		TITLE NAME STREET ADDRESS CITY-ST-ZIP 10000 SW 52nd AVE Apt 154 GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP MACRI, AMANDA 2700 SW 13TH ST GAINESVILLE, FL 32603		TITLE NAME STREET ADDRESS CITY-ST-ZIP 2306 SW 13th ST #505 GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 the same employment.		
SIGNATURE:  DATE 4/1/03 (352) 335-2937 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

11010344



☒ CHECK HERE IF MAKING CHANGES

CR2034 (1/02)