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.

11010344

Principal Place of Business	Mailing Address
2700 SW 13 ST GAINESVILLE, FL 32608	PO BOX 12141 GAINESVILLE, FL 32604

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
2306 SW 13th St		2306 SW 13th St.	
Suite, Apt. #, etc.: #505		Suite, Apt. #, etc.: #505	
City & State: Gainesville, Fl.		City & State: Gainesville, Fl	
Zip: 32608	Country: Alachua	Zip: 32608	Country: Alachua

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 15 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: [signature] Date: 4/1/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	BOBBER, ROBERT J III	NAME	
STREET ADDRESS	2700 SW 13TH ST	STREET ADDRESS	10000 SW 52nd Ave Apt 184
CITY-ST-ZIP	GAINESVILLE, FL 32603	CITY-ST-ZIP	Gainesville, Fl. 32608
TITLE	VP ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	MACRI, AMANDA	NAME	
STREET ADDRESS	2700 SW 13TH ST	STREET ADDRESS	2306 SW 13th St #505
CITY-ST-ZIP	GAINESVILLE, FL 32603	CITY-ST-ZIP	Gainesville, Fl. 32608
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: [signature] 4/1/03 (352) 335 2937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #