


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

04-29-2003 90058 013 ***150.00

DOCUMENT # P02000020914	
1. Entity Name RJ BUILDERS, INC.	

Principal Place of Business 10414 BARRINGTON COURT LEESBURG FL 34788	Mailing Address 10414 BARRINGTON COURT LEESBURG FL 34788
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2. Principal Place of Business 739 N. 3rd STREET	3. Mailing Address P.O. Box 895430
Suite, Apt. #, etc. 502-1	Suite, Apt. #, etc.

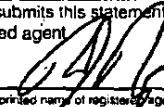
City & State LEESBURG, FL	City & State LEESBURG, FL
Zip 34748	Country USA
Zip 34789	Country USA

4. FEI Number 01-0605931	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

8. Name and Address of Current Registered Agent ROJAS, RICHARD J 10414 BARRINGTON COURT LEESBURG FL 34788

7. Name and Address of New Registered Agent Name RICHARD J. ROJAS Street Address (P.O. Box Number is Not Acceptable) 33831 FAIRHAVEN CT. City LEESBURG FL Zip Code 34788

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  (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICHARD J. ROJAS - P <input type="checkbox"/> Delete 33831 FAIRHAVEN CT. LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  SIGNATURE REQUIRED	5-28-03 (352) 787-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone

CR2E034 (10/02)