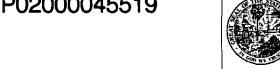
2003 FOR PROFIT CORPORATION

Apr 22, 2003 8:00 am \$ Secretary of State > 04-22-2003 90075 012 ***

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DOCUMENT # 1. Entity Name

NJR CONSULTING, INC.



Principal Place of Business 12949 ROYAL GEORGE AVENUE ODESSA FL 33556

Mailing Address 12949 ROYAL GEORGE AVENUE ODESSA FL 33556

Principal Place of Business 3. Mailing Address 3 6017 Suite, Apt. #, etc. City & State City & State



M CHECK HERE IF MAKING CHANGES

Not Applicable Country \$8.75 Additional 5.=Certificate of Status Desired = Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

RUGGERI, NICK

12949 ROYAL GEORGE AVENUE ODESSA FL 33556

the obligations of registered agent

SIGNATURE

Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number

City

Name

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

Zip Code

nted name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

Make Check Psyable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME RUGGERI, NICK NAME 12949 ROYAL GEORGE AVENUE STREET ADDRESS STREET ADDRESS odessa fl 33556 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 all other like empowered.