2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 03 *

FILED
Feb 10, 2003 8:00 am
Secretary of State
02-10-2003 90436 034 ***150.00

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DOCUMENT # P02000052453

1. Entity Name
~~OLD FLORIDA INN, CORP.~~ *
RJB Home Services, Inc

Principal Place of Business	Mailing Address
~~515 N. E. 8TH AVENUE~~	~~515 N. E. 8TH AVENUE~~
~~DEERFIELD BEACH FL 33441~~	DEERFIELD BEACH FL 33441
4830 NW 43 ST F83	
GAINESVILLE FL. 32608	

2. Principal Place of Business	3. Mailing Address
9111 SW 53 PL.	4830 NW 43 ST
Suite, Apt. #, etc. Suite B	Suite, Apt. #, etc. F83
City & State GAINESVILLE FL.	City & State GAINESVILLE FL.
Zip 32608 Country USA	Zip 32606 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 30-0139653 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BASS, ROSE J	Name BASS ROSE J.
515 N. E. 8TH AVENUE	Street Address (P.O. Box Number is Not Acceptable) 4830 NW 43 ST. F83
DEERFIELD BEACH FL 33441	City GAINESVILLE FL Zip Code 32606

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] 1/29/03
Signature, typed or printed name of registered agent and title if applicable. (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

Pd #1004 2/7/03 $150.

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	P BASS, ROSE J 515 N. E. 8TH AVENUE DEERFIELD BEACH FL 33441 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(P) BASS, ROSE J 4830 NW 43 ST F83 GAINESVILLE FL 32606 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 REQUIRED [signature] 1/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #