

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/12/

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-12-2003 90079 044 ***150.00

DOCUMENT # P02000056982

1. Entity Name

R & J MARKETING OF PINELLAS, INC.



Principal Place of Business

435 81 AVE

ST PETE BEACH FL 33706

Mailing Address

435 81 AVE

ST PETE BEACH FL 33706

2. Principal Place of Business

435 81st Avenue

Suite, Apt. #, etc.

3. Mailing Address

5th Ave

Suite, Apt. #, etc.

City & State

ST-Pete Bch

City & State

ST-Pete Bch

Zip

33706

Country

FL

Zip

33706

Country

FL

4. FEI Number

45-0478516

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

JACKSON, GEORGE R

435 81 AVE

ST PETE BEACH FL 33706

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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]

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

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

0
JACKSON, GEORGE R
435 81 AVE
ST PETE BEACH FL 33706

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-363-0902

CR2E034 (10/02)