

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000032793

1. Entity Name

R & J REALTY SERVICES, INC.

FILED

Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90021 039 ***150.00

Principal Place of Business

Mailing Address

34331 MISSION VALLY DR
DADE CITY FL 33525
US

34331 MISSION VALLY DR
DADE CITY FL 33525-0301
US

2. Principal Place of Business

1504 E BEARSS AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lutz Florida

City & State

Zip

33549

Country

Hillsborough

Zip

Country

4. FEI Number

59-3249761

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

FERREIRA, RANDY X
34331 MISSION VALLEY DR
DADE CITY FL 33525

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME FERREIRA, RANDY X
STREET ADDRESS 34331 MISSION VALLEY DR
CITY-ST-ZIP DADE CITY FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME FERREIRA, JULEE A
STREET ADDRESS 34331 MISSION VALLEY DR
CITY-ST-ZIP DADE CITY FL ☐ Delete

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)