

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90142 033 ***150.00

DOCUMENT # P94000032793

1. Entity Name
R & J REALTY SERVICES, INC.



Principal Place of Business
4815 E. BUSCH BLVD.
SUITE 201F
TAMPA FL 33617
US

Mailing Address
34331 MISSION VALLEY DR
DADE CITY FL 33525
US

2. Principal Place of Business

3. Mailing Address

820 W. Dees Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lakeland FL

Zip

Country

Zip

Country

33809

FL

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
RANDY X FERREIRA
Street Address (P.O. Box Number is Not Acceptable)
820 W. Dees Rd.

City
Lakeland

FL

Zip Code
33809

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/03

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.

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\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. 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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

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CITY-ST-ZIP

☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/03

Date

Daytime Phone #

CR2E034 (10/02)