## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## DOCUMENT # P94000070688 FILED Jul 18, 2000 8:00 am 1. Entity Name R. J. CONSULTING MANAGEMENT & MARKETING INC. **Secretary of State** 07-18-2000 90086 006 \*\*\*550.00 Principal Place of Business Mailing Address 9342 AQUA VISTA-BOULEVARD 9342 AQUA VISTA BOULEVARD BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437 2. Principal Place of Sociness 3. Mailing Address 9185 Suite, Apt. #, etc. Suite: Apt: #, etc. DO'NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEi Number 65-0526169 WORTH Not Applicable \$8.75 Additional 5. Certificate of Status Desired u's A Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent ODNET REGAN, RODNEY JOHN 9942 AQUA VISTA BOULEVARD BOYNTON BEACH EL 33437 statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above named entity submits this SIGNATURE and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE -----FILE NOW!!!-FEE.IS.\$550.00-9 ⊃This corporation is cligible to atic v.its:Intano 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE Change ☐ Addition TITLE ☐ Delete REGAN, RODNEY JOHN MAME NAME 9185 PERTH ROAD 934<del>2 aqua vista Boule</del>vard STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33497 CITY-ST-ZIP ☐ Addition TITLE □ Delete TITLE REGAN, EMMA ELIZABETH NAME NAME 9342 AQUA VISTA BOULEVARD 9185 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 38437 CITY-ST-ZIP ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITI F ☐ Delete TITLE Change NAME NAME STREET ADDRESS: STREET ADORESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information supplied with this fil s 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 owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the recei changed, or on an attachmer