

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000072886

1. Entity Name

RJJB & G, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90107 022 \*\*\*150.00

Principal Place of Business

C/O ATLANTIC FILTER CORPORATION  
3112 45TH STREET  
WEST PALM BEACH FL 33407

Mailing Address

C/O ATLANTIC FILTER CORPORATION  
3112 45TH STREET  
WEST PALM BEACH FL 33407-1916

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0530710

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THIBADEAU, PAUL  
249 ROYAL PALM WAY  
4TH FLOOR  
PALM BEACH FL 33480

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	<input type="checkbox"/> Delete
NAME	BALDRICA, ROBERT G	
STREET ADDRESS	11644 LANDING PLACE	
CITY-ST-ZIP	WEST PALM BEACH FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHERER, JAMES F	
STREET ADDRESS	11644 LANDING PLACE	
CITY-ST-ZIP	WEST PALM BEACH FL 33408	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KIMMEL, RONALD C	
STREET ADDRESS	301 N.E. 2ND STREET	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	WAKEM, JAMES W II	
STREET ADDRESS	855 COUNTRY CLUB DRIVE	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PELLINGTON, GEORGE S JR	
STREET ADDRESS	2304 OXFORD COURT	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

James W. Wakem II 4/17/00 (561) 683-0101

CR2E034 (9/99)