

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90107 025 ***150.00

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DOCUMENT # P94000072886

1. Entity Name
RJJB & G, INC.



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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0530710**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

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 **THIBADEAU, PAUL**
Street Address (P.O. Box Number is Not Acceptable) **50 SOUTH U.S. HIGHWAY ONE**
SUITE 200
City **JUPITER** **FL** **33477**

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **BALDRICA, ROBERT G**
STREET ADDRESS **11644 LANDING PLACE**
CITY-ST-ZIP **WEST PALM BEACH FL 33408**

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

TITLE **D** ☐ **Delete**
NAME **SCHERER, JAMES F**
STREET ADDRESS **11644 LANDING PLACE**
CITY-ST-ZIP **WEST PALM BEACH FL 33408**

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

TITLE **DST** ☐ **Delete**
NAME **WAKEM, JAMES W II**
STREET ADDRESS **855 COUNTRY CLUB DRIVE**
CITY-ST-ZIP **NORTH PALM BEACH FL**

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

TITLE **D** ☐ **Delete**
NAME **PELLINGTON, GEORGE S JR**
STREET ADDRESS **P. O. BOX 1309**
CITY-ST-ZIP **JUPITER FL 33468**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/03 **(561) 683-0101**
Date **Daytime Phone #**

CR2E034 (10/02)