## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 04, 2001 08:00 AM DOCUMENT # P9500023998 Entity Name **Secretary of State** RJS & ASSOCIATES, INC. Principal Place of Business Mailing Address 22155 MARTELLA AVE 22155 MARTELLA AVE. BOCA RATON FL BOCA RATON FL 33433 33433 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0571446 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERT 22155 MARTELLA AVE. Street Address (P.O. Box Number is Not Acceptable) BOCA RATON FL33433 US 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. 04/04/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SD TITLE ☐ Delete TITLE ☐ Addition X Change JUDITH MAME SHUSTER NAME SHUSTER JUDITH 22155 MARTELLA AVE. STREET ADDRESS STREET ADDRESS 22155 MARTELLA AVE. CITY-ST-ZIP BOCA RATON $\mathbf{FL}$ CITY-ST-ZIP BOCA RATON PD ☐ Delete TITLE X Change NAME SHUSTER ROBERT NAME SHUSTER ROBERT STREET ADDRESS 22155 MARTELLA AVE. STREET ADDRESS 22155 MARTELLA AVE. CITY-ST-ZIP BOCA RATON $\mathbf{FL}$ CITY-ST-ZIP BOCA RATON FL33433 ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

**PCEO** 

04/04/2001

Daytime Phone #

Date

ROBERT S. SHUSTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

CR2E034 (11/00)