

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000048503

1. Entity Name

RJM ENTERPRISES OF HERNANDO COUNTY, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90086 042 ***150.00

Principal Place of Business

Mailing Address

3294 COMMERCIAL WAY
SPRING HILL FL 34606
US

3042 EUNICE AVENUE
SPRING HILL FL 34609-3421

CU041759



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4169 LAMSON AV.

4169 LAMSON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

Suite 101

City & State

City & State

SPRING HILL, FL

FL

4. FEI Number

59-3317901

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

MCDERMOTT, JOANN

3042 EUNICE AVENUE

SPRING HILL FL 34609

Name

MCDERMOTT, JOANN

Street Address (P.O. Box Number is Not Acceptable)

4169 LAMSON AVE

City

SPRING HILL

FL

Zip Code

34608

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D

MCDERMOTT, JOANN

3042 EUNICE AVENUE

SPRING HILL FL 34609

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRES

MCDERMOTT, JOANN

4169 LAMSON AVE

SPRING HILL, FL 34608

☒ Change

☐ Addition

Address

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☐ Change

☐ Addition

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

Date

Daytime Phone #

2/6/00 352-684-1170

CR2E034 (9/99)