

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000095135

1. Entity Name

RJ & LK, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90055 046 ***150.00

Principal Place of Business

Mailing Address

~~96 MONTANA AVENUE~~
~~LYN HAVEN FL 32444~~

~~96 MONTANA AVENUE~~
~~LYN HAVEN FL 32444-4905~~

2. Principal Place of Business

310 Willow Way

3. Mailing Address

310 Willow Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lynn Haven, FL

City & State

Lynn Haven, FL

4. FEI Number

59-3366068

Applied For

Not Applicable

Zip

32444

Country

Bay

Zip

32444

Country

Bay

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

~~KEETON, LINDA~~
~~96 MONTANA AVENUE~~
~~LYN HAVEN FL 32444~~

Name

JOHN S. PARZIALE

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

310 Willow Way

City

Lynn Haven,

FL

Zip Code

32444

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

John S. Parziale

3-27-2000

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	P	<input checked="" type="checkbox"/> Delete
NAME	KEETON, LINDA M	
STREET ADDRESS	96 MONTANA AVENUE	
CITY-ST-ZIP	LYN HAVEN FL 32444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN R. PARZIALE	
STREET ADDRESS	510 KING ST., SUITE 300	
CITY-ST-ZIP	ALEXANDRIA, VA 22314-3132	
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

John S. Parziale

Date

4/3/00

Daytime Phone #

(703) 535-5464

CR2E034 (9/99)