

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90289 009 ***150.00

0398678 AV

DOCUMENT # P97000050228

1. Entity Name
R.J. PINES CORP.



Principal Place of Business
**4800 N. FEDERAL HIGHWAY
SUITE 202E
BOCA RATON FL 33431**

Mailing Address
**4800 N. FEDERAL HIGHWAY
SUITE 202E
BOCA RATON FL 33431**



2. Principal Place of Business
5801 N. CONGRESS

3. Mailing Address
5801 N. CONGRESS

Suite, Apt. #, etc.
SUITE 205

Suite, Apt. #, etc.
SUITE 205

☐ CHECK HERE IF MAKING CHANGES

City & State
BOCA RATON FL

City & State
BOCA RATON FL

4. FEI Number **65-0773228**

Applied For
Not Applicable

Zip **33487** Country **USA**

Zip **33487** Country **USA**

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

6. Name and Address of Current Registered Agent

**SIEMENS, RICHARD
4800 N. FEDERAL HIGHWAY
SUITE 202E
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name **RICHARD SIEMENS**
Street Address (P.O. Box Number is Not Acceptable)
**5801 N. CONGRESS
SUITE 205**
City **BOCA RATON FL** Zip Code **33487**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **SIEMENS, RICHARD**
STREET ADDRESS **4800 N. FEDERAL HIGHWAY**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **P.D.** ☒ Change ☐ Addition
NAME **SIEMENS, RICHARD**
STREET ADDRESS **5801 N. CONGRESS**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE: **Richard Siemens**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 **561-362-9205**
Date Daytime Phone #

CR2E034 (10/02)