2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # **P97000056355** 1. Entity Name RJB SERVICES, INC. 01-31-2001 90059 038 ***150.00 Principal Place of Business Mailing Address 6301-26TH AVE E. 6301-26TH AVE E. **BRADENTON FL 34208 BRADENTON FL 34208** 2. Principal Place of Business 3. Mailing Address P.O.Box 1146 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-3456550 Not Applicable Oneco, FL Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34264~ Manatee Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUSIERE, JERRY L Street Address (P.O. Box Number is Not Acceptable) 6301-26TH AVE. E. **BRADENTON FL 34208** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. D TITLE ☐ Delete TITLE ☐ Addition NAME **BUSIERE, ROBERTA J** NAME STREET ADDRESS STREET ADDRESS 6301-26TH AVE. E. CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** ☐ Delete TITLE Change ☐ Addition NAME BUSIERE, JERRY L NAME STREET ADDRESS STREET ADDRESS 6301-26TH AVE. E. CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** ☐ Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME 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.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roberta Jean Busiere ر

(941)708-0410

Daytime Phone #