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2002 Uniform Business Report (UBR)

Apr 11, 2002 8:00 am Secretary of State P97000056355 DOCUMENT # 1. Entity Name RJB SERVICES, INC. 04-11-2002 90718 017 ***150.00 Mailing Address Principal Place of Business -6301-267H-AVE E. PO BOX 1146 BRADENTON FL 34208 ONECA FL 34264 2. Principal Place of Business 3. Mailing Address 7608 DESOTO DR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-3456550 ELLENTON UNECO Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired MANATEE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BUSIERE, JERRY L Street Address (P.O. Box Number is Not Acceptable) 7608 DESOTO DR -6301-26TH AVE. E-BRÁDENTON FL 34208 CITYELLENTON 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, 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 After May 1, 2002 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition ☐ Delete TITLE TITLE BUSIERE, ROBERTA J NAME NAME 7608 DESOTO DR. *6301-26TH AVE. E. STREET ADDRESS STREET ADDRESS ELLENTON, FL 34222 BRADENTON FL 34208 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME BUSIERE, JERRY L 7608 DESOTO DR when a de to material STREET ADDRESS STREET ADDRESS 6301-26TH AVE: E. CITY-ST-ZIP ELLENTON, FL 34222 CITY-ST-ZIP BRADENTON FL 34208 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE. ☐ Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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.